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Contagious diseases among immigrants

Washington

1921

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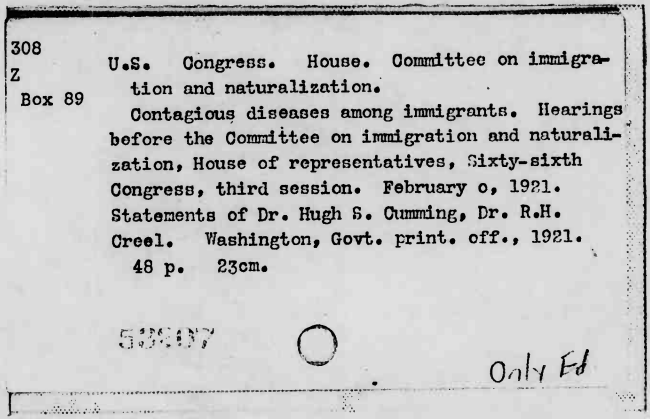

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U.S. Congress. House. Committee on immigration and naturalization.
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CONTAGIOUS DISEASES AMONG IMMIGRANTS

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HEARINGS

BEFORE

THE COMMITTEE ON IMMIGRATION AND NATURALIZATION

HOUSE OF REPRESENTATIVES

SIXTY-SIXTH CONGRESS
THIRD SESSION

FEBRUARY 9, 1921

STATEMENTS OF

DR. HUGH S. CUMMING
DR. R. H. CREEL

WASHINGTON
GOVERNMENT PRINTING OFFICE
1921

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COMMITTEE ON IMMIGRATION AND NATURALIZATION.

HOUSE OF REPRESENTATIVES.

SIXTY-SIXTH CONGRESS.

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P. F. SNYDER, *Clerk.*

MAR 2 1921

CONTAGIOUS DISEASES AMONG IMMIGRANTS.

COMMITTEE ON IMMIGRATION AND NATURALIZATION,
HOUSE OF REPRESENTATIVES,
Wednesday, February 9, 1921.

The committee assembled at 10.30 o'clock a. m., Hon. Albert Johnson (chairman) presiding.

The CHAIRMAN. We have asked Dr. Cumming to come before us to make a short statement for our information on the situation in his service with regard to the arrival at our ports of ships containing cases of certain contagious diseases, and also concerning health conditions abroad.

Are you ready to make a short statement now as to the conditions as they appear to you, Dr. Cumming?

STATEMENT OF DR. HUGH S. CUMMING, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE.

Dr. CUMMING. Yes, sir. I do not claim, however, to be as familiar with the details as Dr. Creel, who is present. What would you like to have me discuss—the conditions abroad?

The CHAIRMAN. I will read you a letter which will show the situation about which we desire information. This letter is dated February 5, 1921, and is from Mr. Carl Bruhn, president of the International Press Association, of New York. He says:

INTERNATIONAL PRESS ASSOCIATION,
New York, February 5, 1921.

Hon. ALBERT JOHNSON, *Washington, D. C.*

DEAR SIR: Learning from reliable sources that several Polish immigrants who arrived in New York on steamship *Drottningholm* on February 3 brought fleas and lice on board and that many passengers became infested with the vermin, I consider it my duty to call your attention to this matter.

What menace this constitutes to the health of us all you will understand from the fact that owing to the vermin as mentioned great epidemics are raging in the eastern and central parts of Europe. Should these be brought here there will be a greater death rate than during the fatal influenza period two years ago.

Under the present lax system the steamship companies are only looking after their own interests. What my people discovered on board the *Drottningholm* probably prevails on every steamer bringing emigrants from abroad, and this should be stopped at once.

While Congress deliberates over the immigration question and postpones drastic, necessary action, the lurking danger is over us. Bolshevism is something difficult to detect, as it is an internal defect, but vermin is easier discovered if the immigration officials will take the trouble to examine the immigrant, and thus protect us from possible disease carriers.

Why not adopt the precautionary system maintained by our Army in Europe in "delousing" every passenger at the port of embarkation and debarkation? Both the people and their baggage should be "deloused." If my suggestion in a former letter is adopted, the American physician in charge of the physical examination should supervise the delousing procedure, and the immigration authorities here repeat the same. First then will we feel safe.

If these measures can not be adopted at once immigration should at once be suspended until Congress can agree on safe measures against pending dangers. The health and future happiness of us all in this country are of much more importance than any race or political feelings involved in the immigration question.

Respectfully, yours,

CARL BRUHN.

You will note that Mr. Bruhn claims that some lax system prevails by which the passengers on this vessel, the *Drottningholm*, were not properly inspected on the other side.

Then later, we had information as to the arrival on the S. S. *Presidente Wilson* of cases among cabin passengers that were supposed to be pneumonia, and after they had been released they were taken to the hospital and developed typhus.

Dr. CUMMING. That is true.

The CHAIRMAN. It was said that there were 4 cases among the cabin passengers and 16 cases among the steerage passengers.

The CHAIRMAN. Will you tell us first about the case of the *Presidente Wilson*?

Dr. CUMMING. The case of the *Presidente Wilson* affords a pretty good illustration of something that we have had to contend with for some time. She is one of a series of ships which have left the present Italian port of Trieste. She was 15 days out. She had cases of typhus which the doctor failed to recognize—which is excusable occasionally, I think. I do not know the details as to this particular instance; but in examining large batches of people on board, occasionally there will be certain stages of the disease that the doctors will not recognize. I have not yet received a written report upon this matter; but it may have been that the eruption had not yet come out in this case, and that the men had pneumonia, which is not infrequently present with typhus. As a matter of fact, according to the reports we have had so far, there was one cabin passenger and there were 16 steerage passengers with typhus.

Now, this ship sailing from Trieste brings up a condition which confronts us now in Europe, which is a very serious one, and which is diplomatic in nature; and if you would not mind my going back a year or so, I think I shall be able to give you a picture of conditions better than I could from taking up this one instance alone.

I was sent over by the President in 1918, in connection with the sanitation of troops coming back from France, principally; but my orders also contemplated the inspection of the various ports of Europe looking to the resumption of trade and immigration.

Naturally, I inspected first the ports from which the troops would come back; and in the course of this inspection I happened to strike Rotterdam, Holland, just after they had determined to make it the base for all of our troops.

I found there between 300 and 500 cases of typhus fever, and communicated that fact to the military authorities; and they changed the base to Antwerp. We took up with the city health authorities and with the Holland-American Line, which was the only one sailing from that port to America, the question of providing adequate facilities for taking care of passengers; and so far as that port is concerned, I think they have very good hotel and bathing facilities.

Mr. VAILE. Are you speaking now of Antwerp?

Dr. CUMMING. No; Rotterdam. I left a medical officer there to look out for that work.

Subsequently, as trade was resumed, I made a fairly comprehensive inspection of the ports of Europe; I also happened to be the president of the Allied Medical Commission sent to Poland to look into the typhus and cholera questions there.

The condition throughout Europe at that time was very serious with regard to diseases, and particularly typhus fever. The condition at the ports was a natural one, following the great war; the health authorities had more or less broken down; the civil authority had given way to military exigency. In Marseille, France, for instance, where they have an excellent quarantine system, following along the line of ours—and our quarantine system is generally acknowledged to be the best in the world, I think; the British are now pretty well following our system—they had necessarily broken down because of the colonial troops coming through there, and they had had several epidemics, or, rather, outbreaks, of bubonic plague. In Italy, they had had both typhus and plague; and in the ports of Constantinople, Symrna, and Salonika, and the Greek ports to which I went, we found that there was either human or rat plague, or typhus, or both.

Now, those conditions are always serious; but they are not so bad when a foreign government is frank in reporting the presence of these diseases to the other signatories of the Treaty of Rome. There is an international Treaty of Rome, to which 38 powers are signatories, which provides for a prompt notification of the presence of disease.

But the treaty tied up the various signatories, so that they were very much hampered about what they could do; in other words, we could take no action unless we had been notified by the other power.

A modification was made in the treaty in 1912, (the so-called Convention of Paris); and with some prescience the Senate added a reservation to that treaty which provided that the United States could take such additional measures as might be necessary to protect our own shores, which had not been done in the previous treaty.

Thereupon, most of the other foreign countries refused to ratify the treaty. I happened to represent this Government in October, 1919; and I persuaded the British Government to agree, and they also suggested to other Governments a ratification of the treaty; and that has now been done by nearly all the prominent powers.

In the meantime, we have had consistently a failure to keep the terms of the treaty on the part of most of the powers.

With regard to Italy particularly, at the request of the Italian Government, during the time of the cholera epidemic we stationed medical officers in their ports to examine immigrants coming over here, to protect the immigrants and the shipping—to facilitate shipping. I had been stationed in the same way in Japan for four years, from 1906 to 1910, and working in harmony with the Japanese Government we did a great deal of good. The Italian Government notified us, some time in June, 1919, while I was over there, that our officers could not act any longer in that capacity; that we would have to take the statement of the Italian Government as to the health conditions, and would also have to take their statement as to the condition of the ships; that they would have to do the disinfecting, and so on.

Mr. VAILE. Was that due to any officiousness, or supposed officiousness, on the part of the American medical officers?

Dr. CUMMING. Nothing of that kind came up whatever. I personally visited the minister of health in Italy just about the time I was ordered back to be Surgeon General. I was in Naples a good while, and also Genoa, and I have never heard of any personalities being injected into the thing. I do not know whether you would care to have this go into the record, but the only thing that approached that was a domestic question in Italy, where we has as an assistant an Italian officer who happened to belong to a different political party, so far as I could understand, from the one which had come in power. But nothing of that kind occurred with regard to American officers. I do not think Dr. Creel ever received any information of any such thing. In fact, if they had notified us that a man was persona non grata to them, we would have had to remove him.

Mr. RAKER. Does that condition exist now in the Italian Government with regard to American inspecting officers?

Dr. CUMMING. It still exists. They notified us that if we would send an American officer over there in the capacity of vice consul, they would allow him to see that things were done properly, but would not permit him to do them himself.

I sent an old and experienced officer over there, Dr. King, who is a man of vast experience in quarantine matters here and abroad, a man who had been stationed in Italy before, and was particularly friendly with the Italian people, understood Italian, and had a great many friends among the officials. But they refused to go any further and allow him to function.

Mr. RAKER. Not to interrupt you, will you tell us just what had been done there by the American officers?

Dr. CUMMING. Well, up to that time, we had done this—and I had done the same thing in Yokohama, Japan, and even at the time the Japanese school boy question was creating some feeling in Japan we never met with any unpleasantness in carrying on the work. We used to bathe the people and disinfect their clothing and inspect them to see whether they had any quarantinable diseases or not. Legally, we were authorized to do that under the act of 1893.

In addition to that, at the request of the steamship companies, I inspected these people to see whether they had any disease which would prevent their coming in under the immigration law. When such a disease was found, they were rejected. For instance, I remember that in Japan one year, out of 27,000 people that I examined, there were 9,000 that I rejected. Those people were saved the expense and humiliation of coming over to this country and being rejected in San Francisco or Seattle; they had the comparatively small expense of going back to their homes. The steamship company had its own representative with me, and if we found trachoma or other excludable disease, we would advise the steamship company not to take this passenger, and he would not be taken on the steamer; if they did take him, they were subject to a fine when he arrived at San Francisco. The Japanese Government had a doctor at my request who would stand there with me and see that things were all right—just as a matter of comity and friendship. And a similar practice had prevailed in Italy since 1898.

In the first place, typhus is all over Europe, pretty nearly; it is hard to say where it is not. And there is a failure, except on the part of the British Government, which has never failed to let us know of the existence of disease promptly, on the part of continental powers, generally speaking, to notify us of the existence of disease. Then there is in the Italian ports objection on the part of the Government to allowing us to function to prevent disease there from coming on board ship. In the other countries, we have a good many officers stationed. I recommended to Dr. Blue before I came back here increasing the number of the officers abroad.

Lately, we requested the State Department to inform the consuls abroad of the serious condition of affairs, and to notify them that they should withhold bills of health from the vessels unless they complied strictly with the quarantine laws; and I have a letter from the State Department notifying the Secretary of the Treasury that they have notified the consular officers to that effect.

The CHAIRMAN. What is the date of that letter?

Dr. CUMMING. This is dated February 1, and is in reply to a letter that we wrote them January 19.

Mr. RAKER. I suggest that those letters go in the record, Mr. Chairman.

The CHAIRMAN. Yes, I will be glad to have you put those l tters in the record.

(The letters referred to are as follows:)

DEPARTMENT OF STATE,
Washington, February 1, 1921.

The SECRETARY OF THE TREASURY.

SIR: I have the honor to acknowledge receipt of your letter of January 19, 1921, relative to the desire to prevent introduction of typhus and other diseases into the United States through enforcement of more adequate measures to comply with the provisions of the quarantine regulations.

The information contained in your letter has been communicated to the American consular officers at Rotterdam, Antwerp; Havre, Cherbourg, Goteborg, and Danzig, and they have accordingly been instructed to inform steamship agencies that it is necessary to withhold issuance of bills of health to vessels clearing for ports of the United States until they are satisfied, by inspection if necessary, that the conditions certified to in the bills of health are true and that the vessels, the passengers, the crews, and the cargoes have complied with all the quarantine laws and regulations of the United States.

I have the honor to be, sir, your obedient servant.

For the Secretary of State:

NORMAN H. DAVIS,
Under Secretary.

JANUARY 19, 1921.

The SECRETARY OF STATE.

SIR: I have the honor to make reference to the subject of sanitary conditions in Europe, and to the steps that have previously been taken by this Government to prevent introduction of typhus into the United States.

As your department is aware, medical officers of the Public Health Service have been assigned to the more important ports of Europe, attached to the consulates, in accordance with the authority contained in section 2 of the act approved February 15, 1893. These assignments were made at varying dates during the past year in order that the respective consuls would have competent assistants in enforcing provisions of the United States Quarantine Regulations applicable to ships clearing for ports of the United States. These regulations provide that personnel from typhus infected areas shall not be allowed to embark "unless demonstrably free from vermin or otherwise treated for the destruction of vermin, and their personnal affects, wearing apparel, baggage, or those infested with vermin shall be disinfected." The furnishing of facilities and expense for the maintenance of the disinfecting plants and

housing accommodations incident to the carrying out of these requirements, necessarily devolve on the steamship companies.

Steamship agencies engaged in the transportation of emigrants from Europe were all appropriately advised as to the requirements, and at some ports adequate facilities have been provided, but at other places no steps have been taken to meet the situation, or otherwise the work has been carried out most imperfectly. At Rotterdam reasonably satisfactory facilities have been provided by the steamship agencies, and it is understood that at Havre some of the steamship companies have provided satisfactory equipment, but others have as yet failed to comply. At Cherbourg the facilities provided are reasonably satisfactory. At Antwerp the methods for the delousing and vaccination of emigrants are likewise unsatisfactory. For several months past representatives of the Public Health Service in Europe, with the cooperation of consular officials, have endeavored to remedy the situation, and while some steamship agencies have responded in a satisfactory manner, others have failed to do so.

In view of the foregoing, therefore, this department has come to the conclusion that it is necessary, for the protection of ports of the United States against the introduction of typhus, small pox, and other epidemic diseases, that bills of health should be with held at port of departure unless the requirements of the United States Quarantine Regulations covering measures to be taken at port of embarkation are conformed to. The department would be pleased if you would issue such instructions to the American consular officers at the following ports: Rotterdam, Antwerp, Havre, Cherbourg, Goteberg, and Danzig. The United States Quarantine Regulations contain authority for the officer issuing the bills of health to withhold same "until he is satisfied that the vessel, the passengers, the crew, and the cargo have complied with all the quarantine laws and regulations of the United States."

Respectfully,

D. F. HOUSTON, *Secretary.*

Mr. RAKER. Dr. Blue is one of your regular examiners abroad now, is he not?

Dr. CUMMING. Yes; Dr. Blue took my place over there. I tried to travel around in those ports and keep in touch with affairs; and I had to be in Paris a part of the time. There were three reasons for that. One was that before normal trade was resumed the only place where you could get any news was Paris. The peace conference was there and the Red Cross, and everything was centered there in Paris; and in the second place, I represented the American Government on this international convention. And Paris is a good center from which to go from one port to another; it is better than London, I think.

And we have officers stationed now at Rotterdam, Antwerp, Havre, Cherbourg, and then going down the coast we have Dr. King at Naples; we have a representative at Genoa and one at Barcelona; one at the Greek port for Athens, which is getting to be quite a big port; it was just crowded with ships when I was there, and one at Patras. These two places, from being insignificant ports, have now become places where the Greeks concentrate their shipping and all their emigration.

Mr. RAKER. What two ports are those?

Dr. CUMMING. Patras and Piraeus. Piraeus is just a trolley ride from Athens and Patras is down on the west coast.

Mr. RAKER. Have you any officers at Bordeaux?

Dr. CUMMING. I was down there once or twice. There is almost no shipping from Bordeaux to America now. There used to be a big wine industry there, which has fallen down now. Brest has always been a French naval port. There is very little shipping done there now. I spent quite a little time there when the troops were coming back. It is not a commercial port of any consequence.

Mr. RAKER. Where do they embark from France?

Dr. CUMMING. From Cherbourg and Havre, and frequently from Boulogne-sur-Mer, which is where the Holland-American boats stop.

Mr. RAKER. And you have a man at Havre?

Dr. CUMMING. We have a man at Havre and one at Cherbourg. We have at Danzig a very good officer, and about three or four weeks ago we were requested by the American minister to send an officer over to Poland to a camp where there were being concentrated six or seven thousand Polish-American troops. We sent an officer over there, and Col. Gilchrist, who has just come back from Poland, tells me that as a result of establishing that camp they found several cases of cholera and a great many cases of typhus fever.

Mr. RAKER. Where is that?

Dr. CUMMING. That was at a camp in Poland, at which were concentrated 6,000 or 7,000 Polish-Americans who were coming back from the Polish Army. I hope I am not getting too discursive.

The CHAIRMAN. Not at all; we desire to have you go into the situation in detail.

Dr. CUMMING. I thought I would give you a picture of the conditions first.

Before the war the immigration business, as you know, was pretty well concentrated in the hands of a few steamship lines. The German lines, of course, handled a great many Russians, and they had very well-defined routes for handling immigrants. To protect Germany they had excellent quarantine stations over on the east side of Germany. I have seen them; they are excellent; they could not be better.

And then in Hamburg and Bremen they had hotels, such as I have described in Rotterdam, and delousing plants, and so on.

Now, so far, whether they get back those lines or not, that system has been broken up, first, by our injecting ourselves into the commercial traffic, and then perhaps by the British interests going to Trieste and opening that up; so that emigration is more distributed. In other words, it will be harder to handle now. But we are trying to get—and I think with the proper pressure from you gentlemen can succeed in getting—every steamship line which handles immigrants through any of these ports to see that they have a properly equipped detention place, delousing and disinfecting places, etc.

Mr. RAKER. Could that not be made a requirement made upon the steamship company as a condition of their landing in this country?

Dr. CUMMING. Yes, sir; we can do that, with pressure through the consuls.

Mr. RAKER. Will the law allow you to do that now?

Dr. CUMMING. I think we have sufficient authority now.

Dr. CREEL. Yes; we have plenty of law. We have requested the State Department to cooperate with us by appropriately instructing the consuls.

Dr. CUMMING. That was in response to our request. We have not yet got a medical officer at Trieste, because that port is just opening.

The CHAIRMAN. Let me ask you this: That particular ship to which I have referred, the *Presidente Wilson*, had to have a bill of health from somewhere over there, did it not?

Dr. CUMMING. Yes; it had to be given by the American consul at Trieste.

The CHAIRMAN. And he was obliged to give it based upon information furnished by the Italian officers?

Dr. CUMMING. That is the plan of the Italian Government.

The CHAIRMAN. What line does that ship belong to?

Dr. CUMMING. I am afraid I do not know that.

Dr. CREEL. I think it is a new line. Phelps, Bros. & Co. are the agents.

Mr. RAKER. Suppose this steamship, the *Presidente Wilson*, did violate the law by not having the consul's certificate under the law as it now stands; can we punish them for trying to land on the shores of America passengers without having this certificate?

Dr. CUMMING. Yes, sir; the penalty for landing them without an American bill of health is $5,000.

Mr. RAKER. Well, what did you do in this particular case?

Dr. CUMMING. Well, she probably had a bill of health issued by the consul there; she would hardly sail without the consul's bill of health. I am not very familiar with these conditions, because New York is still under State quarantine; we have not taken it over yet. We have been waiting for the Department of Justice to get our title.

Mr. RAKER. What do you mean—that you have not full control there?

Dr. CUMMING. We have no control.

Mr. RAKER. You have no control of the landing of passengers in New York Harbor?

Dr. CUMMING. We have control of the immigration station at Ellis Island; but the quarantine station on Hoffman Island is still under control of the State of New York. Congress gave us an appropriation to buy the property, but we are waiting for the Department of Justice to clear the title so that we can take it over.

The CHAIRMAN. On the steamship *Presidente Wilson*, I understand that there were 1,050 steerage passengers, and that there were 16 cases of typhus among them. Where were those immigrants on that ship detained?

Dr. CUMMING. They should be detained at the quarantine station.

The CHAIRMAN. Well, do you know they were?

Dr. CREEL. The ship's passengers were taken off at Hoffman Island.

The CHAIRMAN. And placed in charge of the officials of the State of New York?

Dr. CREEL. Yes, sir.

The CHAIRMAN. At the expense of the steamship company?

Dr. CUMMING. Yes; at the expense of the steamship company.

The CHAIRMAN. Now, the destruction of their clothing, etc., is that done by the State officials?

Dr. CUMMING. That would have to be done by the State officials, if they destroy them. Do you mean disinfect them, or destroy them?

The CHAIRMAN. I understand they are destroying the bedding and clothing. I have no positive information, however.

Dr. CUMMING. We have not either; we have not had a report yet.

Mr. RAKER. When these people go to the hospital with these infectious and contagious diseases, is it true that the Public Health Service has no control, and they can come and go as they please?

Dr. CUMMING. If the State did not function properly—if we thought the quarantine insufficient, we could under the law go up there and put additional measures in force.

The CHAIRMAN. At the expense of the Federal Government, or at the expense of the steamship company?

Dr. CUMMING. No; we could take over the quarantine in a way, with such additional precautions as we thought were necessary. But I imagine, without having had any report, that this is one of those occasions where the human element comes in; they examine dozens of ships every day there; and the chances are that in this particular one there was a mistake made in diagnosis.

The CHAIRMAN. Well, I am told that they developed four cases of typhus among the cabin passengers; that two were permitted to go off the ship, supposed to be cases of pneumonia; and in the meantime two other cases developed. Now, there were about 400 cabin passengers scattered around; and the discovery of one of these cases of typhus after the person had left the ship caused an examination to be made, and 16 cases were found in the steerage; and that caused the ship to be remanded and quarantined, but the cabin passengers had been landed and are scattered everywhere. Is the effort to take care of these typhus cases entirely a State matter?

Dr. CUMMING. A State matter, yes, sir; until she is released from quarantine.

The CHAIRMAN. When you receive a report from your officials in New York, will you put it in this record?

Dr. CUMMING. I shall be very glad to do so.

The CHAIRMAN. Will that report come from Dr. Kerr?

Dr. CUMMING. No; Dr. Cofer, of the State health department, will make that report. We could get Dr. Kerr to report on the matter.

(The report referred to is as follows:)

The steamship *Presidente Wilson* arrived New York quarantine February 1 with three passengers sick of what the boarding officer diagnosed as "broncho-pneumonia." The cases were afterwards proved to be typhus, but they were atypical of character, exhibiting none of the eruption which is characteristic of typhus fever. These cases were sent to Long Island College Hospital, where subsequently the eruption appeared and the diagnosis became evident. All steerage passengers were remanded to New York quarantine station for appropriate preventive measures and further detention. Cabin passengers had been permitted to leave the ship, but subsequently one of the second-class cabin passengers (total second-class being 70 in all) was found to be infected with typhus fever. There subsequently developed amongst the steerage some 14 additional cases of typhus in the period between February 3 and February 9. It seems improbable there could have been any extension of infection to the first-class passengers, and possibly the one second-class passenger was the only one of the second cabin passengers who became infected with the disease—this on account of the separation between the cabin passengers and the steerage.

The CHAIRMAN. Now, the expense of taking those people and keeping them in detention is borne by the steamship company?

Dr. CUMMING. Yes; but of course, the only people who need to be taken are the people who are lousy.

The CHAIRMAN. Now, is that at the expense of the steamship company?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. Then there have been complaints in some cases by sailors about bad feeding at Hoffman Island quarantine station. Would those complaints go to the State officials?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. Have you received a report from Dr. Kerr, who went abroad with Commissioner General Caminetti recently, as to general conditions abroad?

Dr. CUMMING. He gave me an oral report. He has also submitted a written report.

The CHAIRMAN. The committee would like to have that report inserted in this record.

Dr. CUMMING. Yes, sir.

(The report referred to is as follows:)

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 25, 1921.

The SURGEON GENERAL UNITED STATES PUBLIC HEALTH SERVICE,
Washington, D. C.

SIR: In accordance with your request, I have the honor to transmit herewith two advance copies of my report on the medical aspect of the immigration problem in Europe. On account of the haste in their preparation they are subject to criticisms and additions.

On returning to New York the original copy of this report, together with a description of my itinerary while in Europe, will be submitted.

Respectfully,

J. W. KERR, *Surgeon.*

REPORT ON MEDICAL ASPECTS OF THE PRESENT IMMIGRATION SITUATION BASED ON EXPERIENCES AT ELLIS ISLAND, N. Y., AND OBSERVATIONS IN EUROPEAN COUNTRIES.

JANUARY 18, 1921.

In the absence of additional legislative restrictions an increased immigration from European countries was to be expected following the war. By reason of the disturbed international relations from 1914 to 1918 there had been a damming back of the alien tide, from all countries, which in 1914 had reached 1,218,480, to 110,618 in 1918.

The continuance of the passport-control system and the lack of available ships operated further to keep down any considerable increase until 1920. Since then it has been so rapid as to attain in the last few months almost prewar figures. This is shown in the following table:

Number arrived in 1920.

January	25,000	July	55,000
February	20,000	August	55,000
March	30,000	September	70,000
April	40,000	October	70,000
May	45,000	November	60,000
June	45,000	December	70,000

VARIATIONS IN ORIGIN OF EUROPEAN IMMIGRATION.

On account of disturbed social and economic conditions throughout the world due to the war, a modification of the origin of immigration as compared with prewar years was also thought probable.

As shown by the reports of the Congressional Immigration Commission (Report of the Immigration Commission No. 4, 1910, S. Doc. 748), a vast change had already occurred between 1882 and 1907. Whereas during the former year 86.9 per cent of the total immigration from Europe had come from the northern and western countries and only 13.1 per cent from the southern and eastern countries, in the latter year 19 per cent came from northern and western and 81 per cent from southern and eastern countries. The northern and western countries comprise Belgium, Denmark, France, (including Corsica) German Empire, Netherlands, Norway, Sweden, Switzerland, United Kingdom (England, Ireland, Scotland, and Wales), and United Kingdom not specified. The southern and eastern countries comprise Austria-Hungary, Bulgaria, Servia, Montenegro, Greece, Italy (including Sicily and Sardinia), Poland, Portugal (including Cape Verde and Azores Islands) Rumania, Russian Empire (including Finland), Spain, and Turkey. In 1914 this proportion had further increased,

about 15.3 per cent of the total immigration from Europe having come from the northern and western countries and about 84.7 per cent from the southern and eastern countries (including Turkey in Asia).

Since a definite resumption of immigration did not begin until the latter half of the fiscal year 1920, it would be preferable to take the total figures for the calendar year 1920 for comparison in order to show by races the present trend of immigration from Europe. However, the statistics from July 1 to December 31, 1920, are not available.

It became necessary, therefore, to take the statistics for the fiscal year 1920 for such comparison as is possible. From July 1, 1919, to June 30, 1920, the total number from the above-mentioned European countries was 246,295, or 34.7 per cent from northern and western countries and 65.3 per cent from southern and eastern countries.

The following table presents, by races or peoples, this immigration from Europe during the fiscal year 1920 as compared with the fiscal year 1914:

Race or peoples.	Fiscal year 1914.		Fiscal year 1920.	
	Number.	Per cent.	Number.	Per cent.
Bohemian and Moravian (Czecho)	9,928	0.85	276	0.11
Bulgarian, Servian, and Montenegrin	15,084	1.3	808	.32
Croatian and Slovenian	37,284	3.2	415	.16
Dalmatian, Bosnian, Herzegovinian	5,149	.44	60	.02
Dutch and Flemish	12,566	1.1	11,141	4.5
English	51,746	4.4	25,044	10.2
Finnish	12,805	1.2	744	.3
French	18,166	1.6	7,878	3.2
German	79,871	6.84	4,131	1.7
Greek	45,881	3.99	13,168	5.3
Hebrew	138,051	11.8	9,564	3.8
Irish	33,898	2.95	10,963	4.5
Italian	296,414	25.4	96,183	38.6
Lithuanian	21,584	1.9	53	.021
Magyar	44,538	3.8	109	.044
Polish	122,657	10.5	1,151	.47
Portuguese	9,647	.8	14,558	5.9
Roumanian	24,070	2.1	594	.24
Russian	44,957	3.9	566	.23
Ruthenian	36,727	3.1	18	.007
Scandinavian	36,053	3.1	13,530	5.5
Scotch	18,997	1.6	9,094	3.6
Slovak	25,819	2.2	3,735	1.5
Spanish	11,064	.9	19,035	7.7
Syrian	9,023	.7	164	.06
Turkish	2,993	.23	76	.03
Welsh	2,693	.22	908	.39
Other peoples	2,558	.....	3,206	1.3
Total	1,167,230	.....	246,295	.....

As will be seen there is a striking disproportion in the percentage of arrivals of certain peoples during the last fiscal year as compared with the fiscal year 1914, although the figures indicate that on the whole the percentage of immigration from northern and western countries has been somewhat larger during the past year than before the war. This is easily accounted for by the greater facility of persons from northern and western Europe to secure transportation.

During the six months ended December 31, 1920, there has been an undoubted greater increase in the number of immigrants coming from eastern and southern Europe, so great in fact that these aliens are believed to form the bulk of the steerage passengers on practically all ships arriving from European ports, except Scandinavian and Spanish.

Numerous factors are undoubtedly responsible for this exodus, including economical and social conditions in the countries of eastern and southern Europe, from which immigrants come, as well as the reestablishment of transportation facilities by land and sea between those countries and United States ports.

Furthermore public health conditions were probably a factor. From the standpoint of the medical examination of immigrants at home ports, therefore, it is important to know the geographic distribution of endemic diseases as well as the occurence of epidemics of the quarantinable diseases in foreign countries from which these aliens come.

It is also desirable to have knowledge of the potential emigration from these countries, as arrivals in large numbers are bound to have a bearing on the possibility of the introduction of quarantinable diseases as well as to exercise an important influence eventually on the sanitary habits and physical development of our people. At present one

guess is as good as another as to prospective immigration, provided it is large enough. There is abundant evidence that great numbers desire to leave Europe, and as soon as conditions in Russia and countries to the south permit these numbers will be augmented many times. This has importance from the standpoints of sanitation and race development which it would be difficult to overemphasize.

PREVALENCE OF CERTIFIABLE DISABILITIES AMONG IMMIGRANTS AND THE PEOPLES FROM WHOM THEY COME.

To what extent the diseases coming within the meaning of the immigration law have been increased or extended in Europe in consequence of the war it would be difficult to estimate. The subject has been constantly borne in mind in connection with medical inspection of aliens at Ellis Island since the war. Opportunity has recently been had also to make personal inquiries in certain countries and ports abroad which were visited in company with the Commissioner General of Immigration between November 17, 1920, and January 5, 1921, the object being "to devise additional measures whereby the immigration laws and regulations may be given greater force and work less of a hardship on prospective emigrants."

Since the resumption of active immigration in March, 1920, special effort has been made to detect cases of malnutrition, war neurosis, tuberculosis, and venereal diseases, since these afflictions have been reported to have been unduly prevalent among either the military or the civil population of countries at war. The following table presents, by months, the total passengers arriving and the number of each class of disease mentioned:

Month.	Alien passengers.	Nervous and mental diseases.[1]	Dangerous contagious diseases.[2]	Tuberculosis.	Loathsome contagious diseases including venereal.[3]
1920.					
January	25,057	18	3	2	9
February	22,118	11	8	.....	8
March	29,098	14	11	9	25
April	40,135	5	9	2	13
May	47,750	4	8	3	23
June	49,786	10	13	4	43
July	56,105	13	28	6	61
August	57,874	9	32	5	52
September	70,932	14	27	5	69
October	74,665	22	29	1	84
November	62,451	10	23	4	37
December	67,310	34	49	3	45
Total	602,401	164	240	44	469

[1] The nervous and mental diseases comprised insanity, idiocy, imbecility, feeble-mindedness, epilepsy, constitutional psychopathetic inferiority, and organic diseases of the central nervous system.
[2] The dangerous contagious diseases comprised trachoma.
[3] The loathsome contagious diseases comprised favus, leprosy, ringworm, yaws, and venereal diseases including gonorrhea, chancroid, and syphilis.

NOTE.—In addition to the above, 10,002 persons were certified for disabilities affecting ability to earn a living.

While the numbers detected during the calendar year 1920 would not indicate any marked prevalence of these diseases abroad it should be remembered that prospective passengers in Europe become aware of the provisions of the immigration law as relates to physical and mental disability by reason of the medical examinations to which they are subjected at ports of embarkation. Furthermore steamship companies are liable to penalties for bringing such cases and therefore take active measures to exclude them, the bulk of all immigrants being subjected to repeated examinations by company physicians. Furthermore, arriving passengers have not until recently presented the appearance of belonging to the so-called refugee class. Many of them have been repatriated soldiers returning under the provision of the congressional resolution of 1918, others coming from Spain have been mostly males and represent practically a new immigration. It is the opinion of the medical examiners, nevertheless, that recently the physical type of aliens has not been up to the normal of prewar days. Many of them present evidence of the stresses to which they have been exposed by reason of the war and the hardships of prolonged travel.

In the case of children arriving in recent months it is the concensus of opinion that many of them are undernourished. While the ages as given on the manifests are practically unreliable, many of these children are undoubtedly undersized for their ages and present evidences of rickets and malnutrition, some of them markedly so.

In order to form an opinion of the influence of war on the health of populations special efforts were made to secure mortality statistics. Their accuracy, however, was vitiated by the prevailing conditions, and in the countries which undoubtedly suffered most these conditions operated practically to prevent the recording of any reliable records.

The following table furnished by the commission for the prevention of tuberculosis in France (International Health Board) is highly significant. Acknowledgment is due and here made for these and other data received from this source.

General death rates in various European cities from 1906 to 1919.

[Rates per 1,000 population.]

Years.	London.[1]	Paris.[2]	Brussels.[3]	Vienna.[4]	Prague.[5]	Amsterdam.
1906	[6] 15.76	17.6	.....	.....	.....	13.54
1907		18.6	.....	.....	.....	13.33
1908		17.7	.....	.....	.....	13.33
1909		17.7	.....	.....	.....	12.96
1910	13.7	16.8	13.6	.....	.....	11.93
1911	15.2	17.2	13.9	16.6	.....	12.20
1912	13.8	16.5	13.5	15.8	.....	11.00
1913	14.3	15.7	12.2	15.9	14.9	11.11
1914	14.6	15.8	14.9	16.4	14.3	11.29
1915	16.8	15.1	13.3	18.2	15.1	11.23
1916	14.7	15.2	14.7	18.5	15.2	11.88
1917	15.7	15.5	18.3	22.7	17.7	12.16
1918	19.2	17.5	21.0	25.4	18.6	15.55
1919	13.4	16.0	13.1	20.2	.....	12.37

NOTE.—Obtained by commission for prevention of tuberculosis.
[1] From registrar general of England and Wales (annual reports).
[2] From Annuaire Statistique de la Ville de Paris.
[3] Years 1910–1913 from Mortality Statistics, United States Census Bureau; years 1911, 1914; 1914–1919 from report of Dr. Rene Sand, "Industrial Medical Reconstruction in Belgium."
[4] From chart issued by central sanitary office, city of Vienna, February, 1920. Rates doubtless higher because Austrian population probably flocked to city.
[5] From a report of Prof. S. M. Gunn on Czechoslovakia.
[6] Average, 1901–1910.

In all the cities mentioned there were increased death rates, especially during the last two years of the war. In all probability much of the increase in 1918 was due to the pandemic of influenza, but there is evidence that other factors were also present.

General death rates compiled from various sources by the above-mentioned commission indicate an irregular increase in certain European countries, including Belgium, France, Holland, England and Wales, Prussia, and Italy from 1914 to 1918, inclusive, as compared with the previous two years. In 1919, the above records, available data from Belgium, Holland, and England and Wales, indicate a marked downward trend. This will be referred to later.

Tuberculosis.—Certain of the data relating to tuberculosis are especially significant. The following death rates for tuberculosis are abstracted from a table compiled from various sources by the commission for the prevention of tuberculosis in France (International Health Board). Through lack of time and opportunity not all the sources cited by the commission have been consulted by me.

Tuberculosis death rates in European countries, 1910–1919 (incomplete).

[Rates per 100,000 population.]

Year.	France.	Belgium.	Holland.	England and Wales.	Prussia.	Switzerland, all forms.	Alsace-Lorraine.	Bohemia.	Moravia
1910	215	97	155.8	143.4	151.0	226	303	284	.....
1911	217	101	157.7	146.7	151.0	216	194	284	351
1912	211	93	154.0	137.2	145.0	202	180	286	349
1913	269	.....	142.0	135.2	136.5	199	176	263	324
1914	271	.....	139.9	136.0	138.7	193	174	262	319
1915	281	.....	144.0	151.4	142.0	187	172	290	353
1916	269	.....	167.2	152.9	156.4	188	175	322	378
1917	266	.....	181.8	162.4	205.7	202	208	314	368
1918	278	.....	202.5	168.4	240.0	196	234	.....	410,191
1919	.....	.....	174.1	.....	.....	.....	.....	.....	.....

During the occupation of Belgium no reliable statistics were available for that country as a whole. Dr. M. Velghe, president of the permanent committee of the international office of public hygiene and the director general of public health, Belgium, reported to the permanent committee that the deaths from tuberculosis in 1918 in greater Brussels (an area for which statistics are available) increased 118 per cent over 1913. This great increase which prevailed to a more or less degree in respect to other diseases is attributed by him to reduced resistance of the organism on account of the hardships of war. In a subsequent report to the permanent committee he noted a marked decrease in 1919.

In England and Wales (Annual Report of the Chief Medical Officer, 1919–20) the deaths from tuberculosis in 1919 also showed a remarkable decline over the previous year.

This latter report further states that "the rise in tuberculosis mortality between 1914 and 1918 was due to war conditions." The increase was greatest among females from 15 to 45 years, being associated with more extensive employment in industrial occupations under conditions of an exceptional strain and often associated with unsatisfactory housing conditions.

As showing the falling death rates years before the war and the marked rise during the war in five countries of Europe the following chart and table, abstracted from data from the commission for the prevention of tuberculosis in France (International Health Board), are presented. By reason of their method of collection statistics from France during the same period are said to be not comparable.

Crude death rates—Tuberculosis, all forms.

[Rates per 100,000 population.]

Years.	England and Wales.		Holland.		Prussia.		Spain.		Alsace-Lorraine.	
	Rate.	Per cent of 1913 rate.	Rate.	Per cent of 1913 rate.	Rate.	Per cent of 1913 rate.	Rate.	Per cent of 1913 rate.	Rate.	Per cent of 1913 rate.
1906	165.4	122.0	177.9	125.0	171.0	125.0	.....	.....	.....	.....
1907	161.7	119.5	172.7	121.5	170.0	125.0	.....	.....	.....	.....
1908	159.5	118.0	161.7	114.0	163.0	119.0	.....	.....	.....	.....
1909	153.7	113.5	161.3	113.5	155.0	114.0	.....	.....	.....	.....
1910	143.4	106.0	155.8	109.0	151.0	111.0	.....	.....	.....	.....
1911	146.7	108.5	157.7	111.0	151.0	111.0	157.0	103.0	.....	.....
1912	137.2	101.5	154.0	108.0	145.0	106.0	144.0	94.0	180.0	102.3
1913	135.2	100.0	142.0	100.0	136.5	100.0	153.0	100.0	176.0	100.0
1914	136.0	100.0	139.9	98.5	138.7	102.5	154.0	101.0	174.0	98.9
1915	151.4	112.0	144.0	101.0	142.0	104.0	159.0	104.0	172.0	97.7
1916	152.9	113.0	167.2	118.0	156.4	114.5	164.0	107.0	176.0	100.0
1917	162.4	120.0	181.8	128.0	205.7	150.0	171.0	112.0	208.0	118.2
1918	169.4	125.0	202.5	142.5	238.4	175.0	202.0	132.0	234.0	133.0

Compiled by T. J. Duffield, statistician, Commission for Prevention of Tuberculosis in France.
For England and Wales, from the report of registrar general, year 1917, p. 20, and advance copy of 1918 report.
For Holland, from "De toeneming der tuberculosesterfte," C. Dekka in "Tuberculose," September, 1919, p. 130 (Dutch).
For Prussia, 1906–1912, from report registrar general of England and Wales, 1915, p. 79. Report of Minister of Interior to President of Rhine Province, Dec. 29, 1918, and Weekly Bulletin chief surgeon's office [illegible] F., No. 48, Mar. 10, 1919.
For Spain, from "Annario Estadistico de Espana, 1918."

The figures below, taken from a table compiled by the commission for the prevention of tuberculosis in France, are presented to show the influence of war on tuberculosis death rates in various European cities:

Tuberculosis death rates in various European cities, years 1912 to 1919.

[Rates per 100,000 population.]

Years.	London.[1]	Brussels.[2]	Vienna.[3]	Prague.[4]	Amsterdam (official).
1912	171	.....	315	.....	157
1913	165	189	317	472	154
1914	177	177	305	557	160
1915	199	179	385	637	152
1916	189	223	475	692	189
1917	211	350	578	744	203
1918	214	359	568	733	231
1919	142	196	522	.....	195

[1] From Registrar General of England and Wales (Annual Report).
[2] From report of Dr. Rene Sand Industrial Medical Reconstruction in Belgium.
[3] Vienna rates compiled by T. J. Duffield based on census and information from chart furnished by the central sanitary offices of the city of Vienna: "Rates are doubtlessly high because population of Austria probably flocked to city."
[4] From report of Prof. S. M. Gunn (to commission), including so-called "nonresidents."

The above mortality figures, although necessarily accepted with reservation, certainly imply a greatly increased morbidity as well. Furthermore, the unanimous opinions of physicians and sanitarians consulted was that tuberculosis had increased in all European countries affected by the war.

According to the director general of public health of Italy, tuberculosis mortality was much increased in that country during the war on account of the return of the prisoners of war and the poor food and excessive work of portions of the civil population.

In some countries, including Poland, Serbia, and Russia, which suffered the greatest hardships, the disease was believed to be highly prevalent. Any other conclusion seems unavoidable since tuberculosis is almost invariably associated with underfeeding, overcrowding, and prolonged physical strain.

While the reports from Belgium and England and Wales for 1919 indicate that the disappearance of war conditions will quickly react favorably on tuberculosis death rates, personal observations in some of the countries most affected confirm the belief that such results can not soon be expected therein.

From a public-health standpoint war conditions in Europe have imposed on large populations a forced demonstration of the influence of underfeeding on the incidence of tuberculosis. Until food supplies become adequate evidence will accumulate as to their value in the reduction of this disease.

Diseases of children.—The hardships of the war fall heaviest on children of invaded countries unless they have been previously removed. Whenever practicable, therefore, inquiries were made as to the morbidity and the mortality among this class of the population. Opinions were obtained from health officials, Red Cross workers, and others that in Poland and Austria child morbidity was greatly increased and hygienic conditions among the poor were in many areas deplorable. No reliable statistics were obtained in confirmation of these statements, but there are visible evidence there of destitution and unemployment.

As showing the effects of the war on the future of the race the following is a free translation of a report by Dr. Velghe, president of the permanent committee of the international office public hygiene, and director general of public health of Belgium from a communication of Dr. DeMoor, professor of the University of Brussels, to the Academy of Medicine based on observations by him in Belgium:

"During the years of the war (1914–1918) the growth of children was progressively retarded. The weight of children of all ages was diminished. And at the end of the four years (1914–1918) the defect was greater than the normal development of two-thirds of a year. The average height of children of all ages was reduced in quantity equal to the normal growth during a third of a year.

"The total loss of development among boys and girls from 1914 to 1918 for all ages between 7 and 14 years corresponded approximately to 1 year in weight; and in height to one-half year among boys and one-seventh year among girls.

"These phenomena are particularly evident among both the male and female population of schools in the quarters of the poor. The resistance was greater among boys than girls.

"In the populous schools the losses were manifest in 1915 and 1916 and much more so in 1917 and 1918. In the common schools whose population suffered less the lessened development was not manifest in reality until 1917 after which time it was very rapid, and by July, 1918, the difference between the two groups had practically disappeared.

"The war was thus responsible for a serious retardation of growth of children. Notwithstanding all the efforts made to maintain intact the health of the young (and the result obtained was very important) their growth has been progressively retarded; the children from 6 to 14 years were actually very inferior to what they should have been in view of their birth and the state of their development in 1914.

"What are the remote consequences of this situation? It is difficult to say positively at this time.

"Finally, without exaggerating the bearing of the conclusions deduced from this study, we are able to say:

"During the years of the war, slowly during the first two, much more rapidly during the last two, the development of children was retarded and modified. Our young generations are thus retarded by the action of a cause that was long operative on their organisms in process of evolution. In what measure will this organic depression disappear and the children be able to recover this time lost? We are ignorant.

"What will be the future generations in view of the actual conditions of the children of to-day? We are unable to say."

As stated above, some children arriving at Ellis Island from war countries have shown evidence of undernourishment, but their condition on arrival as bearing on the situation abroad is of little purport, because of the small numbers involved. Some children, undernourished from one cause or another, arrive in ordinary times; besides, the immigrants arriving until recently have certainly not belonged to the classes in Europe lowest in the economic and hygienic scale. Some of those coming recently from devastated areas, however, have shown evidence of malnutrition, including rickets.

That in many places in middle and southern Europe there is an inadequate supply of proper food for children is certain. Furthermore, there is visible evidence of undernourishment of children in these localities; a statement affirmed by many. In traveling through devastated countries, as Poland, for instance, one is impressed with the practical absence of cows or other animals to supply milk and other nitrogenous food. The lack of food suitable to their years must react unfavorably on the health and development of children, as in many instances also does the lack of warm, comfortably ventilated homes. The cold and dampness of public buildings, trains, and dwellings are hourly impressed on the traveler or sojourner throughout continental Europe.

Venereal diseases.—The general opinion prevails that venereal diseases were greatly increased during and after the war. In the absence of notification of such diseases it is impracticable to secure definite figures. Dr. M. Velghe, president of the permanent committee of the international office of public hygiene, reporting to the permanent committee stated that this increase in Belgium had reached "frightful proportions."

As acutely manifested these diseases are not common among alien steerage passengers arriving at Ellis Island. It is the practice to examine many aliens undressed, and it is the general observation that such diseases, at least in the active stages, are not prominent among the steerage classes. This may be due to the restrictive provisions of the law, which are well known, and to medical examinations before embarkations, but the habits and the customs of the peasants (from whom steerage immigrants mostly come) must also be important factors.

Among sailors, on the other hand, venereal diseases are notoriously common, and certain foreign ports have established bad reputations as centers of infection for this class of the population. In such ports the organized work of philanthropic agencies such as the Young Men's Christian Association should tend to the prevention of these diseases among sailors. One such agency in Havre was found to be doing highly practical work to this end.

Communicable diseases.—By reason of prolonged military operations the forced migration of vast numbers of the civil population and the adverse sanitary conditions to which they have been exposed, communicable disease have increased. Even on arrival at Ellis Island scabies and other skin infections are now very common among immigrants, and cases of smallpox and typhus fever have from time to time reached the quarantine station, Staten Island. In some sections of middle and southern Europe typhoid and paratyphoid are said to be very prevalent, and typhus fever is widespread over an extensive area east of Germany, Switzerland, and Italy.

Cases of the latter disease were being reported throughout Poland and numerous places in Jugoslavia.

However, aside from emphasizing the undesirability of immigrants from localities so squalid and insanitary as to harbor typhus fever and its carriers the louse, the disease has little practical bearing in relation to the immigration law.

Necessary measures against it are properly taken under the quarantine laws. These measures are already well known to the bureau which receives regularly from the Consular Service and offices of the United Staes Public Health Service abroad further reports of the progress of the disease.

As long as conditions remain unsettled in central and southern Europe typhus will continue to be a menace to western Europe and cholera may become so, but the likelihood of any extensive prevalence will depend on the economic and sanitary status of the people among whom the disease is introduced. Transportation companies should be prohibited from embarking lousy immigrants or at least landing them in the United States.

On the whole it may be concluded that in consequence of the war many European countries have had their birth rate greatly reduced. Many lives have been sacrificed, the health of multitudes has been undermined temporarily at least, and enormous public debts have been incurred which future generations will be called upon to pay. It is the purpose of vast numbers by emigrating if possible to escape the effects of these conditions. The extent of the reduction of vitality and its effects on the future race can not be accurately estimated.

Nervous affections.—Opinions in respect to the occurence of war neuroses among civil population were varied. In some countries there was a decrease in the number of admissions to the insane institutions and in certain instances the insane were evacuated and the institutions used for war purposes. In England a great increase of tuberculosis among this class is recorded for 1918.

The United States immigration law of February 5, 1917, by reason of its provisions to debar illiterates has operated to reduce greatly the number of feeble-minded arriving at Ellis Island.

MEDICAL EXAMINATIONS AT PLACES OF ORIGIN.

Intending immigrants are required by transportation companies and, in some countries, by their governments, to be medically examined before leaving their respective localities. On the part of the steamship companies this is done in self-defense.

In Jugoslavia, for instance, the prospective passenger must have a medical certificate before applying to his government for a passport. In addition the steamship companies employ local doctors to examine passengers prior to departing in order to avoid rejection and the expense of returning them. At Zagreb, Croatia, one company also houses its passengers in barracks until time to send them forward in groups to particular ships. In case of the rejection of an immigrant later on, it is said the doctor who made the original examination, and thus aided departure, would have to pay the expenses of return. The activities of transportation companies are carried on in many countries under concessions granted them by the respective governments, but the extent of surveillance for the protection of health appears to be limited. In Czechoslovakia it is the expressed policy to regulate emigration. Laws are in preparation therefore to regulate health during egress. In Jugoslavia, as stated above, medical examinations are already required. In Poland, on the other hand, passports are said to be freely granted to refugees to leave the country, and so far as could be learned, without medical restrictions.

SURVEILLANCE OF HEALTH OF ALIENS EN ROUTE.

At most ports of embarkation, except Italian, Scandinavian, and Spanish, the bulk of the emigrants at present are not nationals of the countries in which those ports are located. These emigrants are therefore known as transmigrants, and the countries through which they pass have little interest in them except to get them out.

With the exceptions mentioned, the bulk of all immigrants at present from whatever port are originally from middle and southern Europe. They filter through the western countries over every line.

According to Passed Asst. Surg. J. H. Linson, of the emigrants passing through Danzig about 90 per cent are Hebrews and the remaining 10 per cent Lithuanians, Czechoslovakians, Ukranians, and Germans. While waiting for passage, they live in "the Troyl," an emigration camp outside the town. Most of them, however, have previously come from Warsaw, where they lived for varying periods in the poorer quarter. In this quarter the overcrowding and poverty were evident.

Transmigrants en route through Holland must enter the country by way of Odenzaal on special trains and at special times, or by way of Rotterdam on vessels from Danzig. They are not medically inspected on entry, but under special surveillance. According to Consul General George E. Anderson, the total departures from Holland may be expected to be from 1,500 to 1,700 weekly, 90 per cent of whom will come from Poland.

Transmigrants through Belgium come over various railroads from the east, the bulk of them at present originating in Poland or other eastern countries. In case they come via Basle or Modane they may be deloused and their baggage fumigated, but there appears to be no official systematic medical inspection on the border. Transmigrants through Germany may not while en route leave the special train in which they travel.

A letter from the director of the Netherlands Emigration League (Dec. 9, 1920,) states that transmigrants are inspected and disinfected at Odenzaal, presumably for typhus fever.

Transmigrants through France enter by sea at Marseile or by train over eastern frontier. They come mostly from the Levant, Poland, and other central European countries and are taken by way of Paris to the seaports. Those entering Marseille are subject to inspection, bathing, and fumigation of their effects. This is also said to have been the practice at Basle and at Modane on the frontier. These precautions are of course to exclude the quarantine diseases.

Transmigrants through England, although not coming under the provisions of the emmigration law of the Kingdom, are excludable by the ministry of health for public-health reasons. Practically, verminous persons are said to be forbidden entry and sent back by the port sanitary officer unless British subjects, in which case they are sent to a local hospital to be deloused. By a system of records of ingress and egress knowledge is had of any disabled emigrant who might be left in the country. Shipping companies are bonded by the Government for their removal; even so a few are said "to be left in the country to become a burden on the rates."

Passengers intending to embark at Liverpool are housed in company hotels. Those embarking at Southhampton congregate at hotels in London and proceed by special train on the morning of sailing. In order to observe the characters of these passengers and the method of handling the trip from London to Southampton was made by me on their special train leaving London at 6 a. m. the day of sailing. It was composed of the ordinary third-class compartment cars in use in England, which were clean. Immediately on arrival of the train on the dock the medical inspection was undertaken by the ships' surgeons.

According to information obtained from the ministry of health, considerable trouble has been experienced at London in quartering transmigrants in buildings which easily become insanitary. The establishing of company quarters was accordingly under consideration.

During actual travel over the Continent some emmigrants traveling in parties are under special conduct by company representatives, and in case of serious illness they would be referred to municipal hospitals of the country of embarkation. But oversight of all travellers en route appears to be mainly for police rather than sanitary purposes. Some of the immigrant trains were not heated or lighted and were badly overcrowded. While this class of population appears inured to hardships, it is easy to see how their health might in some instances be affected by the method of travel and subsequent housing. Frequently persons were seen who had been days and weeks away from their starting places. They had been quartered in unheated barracks while awaiting embarkation.

PROVISIONS FOR HOUSING EMIGRANTS AWAITING DEPARTURE.

In some countries, as Poland and France, prospective immigrants on arrival at or near the seaport are cared for by the philanthropic organizations in special barracks pending sailing. One such place in Paris was visited. It was badly overcrowded and ill adapted to its use. One saving feature was its location in the heart of a great modern city which in case of an outbreak of disease would have to assume active control of preventive measures.

In fact, most emigrants at present have to pass through the countries of western Europe and oftentimes remain therein for days and weeks pending sailing, which is a measure of protection to America against the quarantinable diseases. In view of the insanitary conditions in which some of them live, however, there is the possibility that this advantage is more than offset. At the Troyl immigration camp at Danzig, for instance, according to Past Asst. Surg. Linson, the buildings were previously used as a prison barracks. Because of insufficient coal and their faulty construction these barracks are very cold at the present time (Dec. 13). Men, women, and children are huddled together, sometimes as many as 160 in a single room. In some ports, including those of Belgium, Italy, and previously stated England, waiting emigrants may stay in local hotels and go and come as ordinary residents. In these ports they are under the sanitary surveillance of the city, and in case of illness would be cared for in municipal hospitals.

In Belgium, immigrants are under the emigration department. While in the country they so remain. During their stay in licensed hotels they are inspected three times weekly by a medical officer of the department who also inspects the hotels and controls their sanitation. Five of these private hotels housing waiting immigrants were visited by me. With the exception of one all were old private houses converted to their present use.

The one exception was a large hotel ("Amerika"). All were capable of cleansing. The number of occupants allowed and the ventilation are controlled by the Belgian emigration department. The maximum official capacity of those visited ere as follows: 63, 68, 83, 82, and 650. In most of them were small rooms which could be had by individuals and families on the payment of a small extra sum. On inspection all of these buildings were very old and had been converted to their present use by enterprising proprietors. They were as clean as their construction would permit.

In the management of outbreaks of infectious diseases and the prevention of their introduction aboard ship the above method has certain advantages over housing in single large barracks. Aliens are practically segregated from each other in relatively small groups, and responsibility for the protection of their health is shared by the city health authorities.

In the German and Dutch ports the transatlantic companies maintain well-equipped hotels wherein all steerage passengers may be housed.

In French ports waiting emigrants are variously housed. At Cherbourg a hotel to accommodate 1,000 has just been opened, and a modern hotel, bathing and fumigating compound are about to be built. This is intended to accommodate all passengers of the Cunard and International Mercantile Marine companies. At Havre one company maintains two sets of barracks. One of these was inspected and the sanitation found bad. Steps were under way, however, looking to enlargement and improvement. Other companies, especially the newer ones, were not so fortunate in having specially fitted up quarters.

In Italian ports passengers on arrival are housed in hotels approved by the governmental authorities. Their stay is generally short, during which time they have the liberty of the city.

Practically all passengers from these ports are natives of Italy, because the Italian authorities have discouraged transmigrants from the countries farther east. There are, however, occasional parties, small in number.

MEDICAL EXAMINATIONS AT PORTS OF EMBARKATION.

The medical examinations of passengers by company physicians vary somewhat in different places. According to Dr. Linson, at Danzig, the examinations consist mainly in a more or less careful scrutiny for favus and trachoma. Evidence of other disease is apparently ignored, in most cases. The delousing of passengers there and examinations to detect quarantinable diseases are conducted under the direct supervision of Dr. Linson.

At Hamburg some transmigrants leave for embarkation at British ports. Arrangements were completed for their medical examination by a local physician before crossing the Channel. Only a few passengers have embarked from this port direct for America. In view of the expected larger immigration from Hamburg, an officer of the Public Health Service has been detailed there to oversee delousing and inspections of passengers for quarantinable diseases. This physicain reports that the facilities for the handling of large numbers of immigrants are excellent and that the medical inspections from an immigration standpoint will undoubtedly be taken up.

On arrival at Rotterdam all transmigrants are required by regulations of the city to be taken to a local disinfection plant where they are freed as far as possible from vermin, and they are required to take a bath and have their baggage fumigated. Thereupon these passengers are taken to so-called "dirty barracks" of the Holland-American Line at Lachaven, where they are further freed of nits. The average stay at this barracks is 10 days, after which time they are removed to one of the hotels (barracks) adjoining the Holland-American docks, Gentiles being kept in one hotel and Hebrews in another.

Before departing from Lachaven passengers are inspected in the presence of a medical officer of the United States Public Health Service. On arrival at the clean barracks they are held pending embarkation, during which time they are medically examined.

The hotel for gentiles accommodates approximately 850 people. It is well kept. The barracks in which the Jewish passengers are kept has a total capacity of about 1,100. Adjoining these barracks is a small hospital. At Rotterdam medical examinations are conducted twice weekly in anticipation of the sailing of vessels. These inspections are made by two local physicians, specialists in their lines. In addition the company employs a full-time physician on shore to take care of the sick persons and to vaccinate and delouse passengers. An examination of several hundred immigrants was observed. One specialist examines for favus of the scalp and nails and another for trachoma and other diseases of the eye. Perfectly patent cases of other diseases and disabilities, such as imbecility, exophtholmic goiter, and tuberculosis, would be detained by them for subsequent examination. The examinations of the scalp were fairly adequate. Some cases were passed, however, which at Ellis Island would have to be referred to the hospital for microscopic examination. The examination of eyes was carefully conducted, and it is understood a record is kept of suspicious cases, who may be passed, in order to see what becomes of them on arrival at Ellis Island. There is no examination for mental defects, and practically no account is taken of physical disabilities affecting ability to earn a living, except as above stated. Finally, all passengers are inspected before they go aboard the vessel, at which time their inspection cards are stamped as to compliance as to vaccination requirements.

Aside from the examinations to which passengers may be subjected before they leave their places of origin, no medical inspection is made of them until they arrive at Antwerp. On arrival they are required to take a bath and have their baggage fumigated. This is done at the disinfecting plant of the Stuyvenberg Hospital, whose authorities issue a certificate to each passenger so treated. Passengers who present evidence of scabies are given a hot bath for 15 or 20 minutes. A solution of calcium sulphate is then applied and left on for another 20 minutes. This is followed by a soap and water bath. The high character of the hospital lends assurance. For the large amount of work to be performed at a port the size of Antwerp, however, the facilities are inadequate.

In order to increase these facilities, the Red Star Line intends to construct a fumigating plant and barracks at the dock.

After bathing and fumigation, passengers are housed in private immigrant hospitals. A full-time medical officer is employed by the steamship company, who is in charge of the medical examinations prior to embarkation. He examines regularly between sailings immigrants from the various hotels, having them come to rooms adjoining the dock set aside for the purpose.

The passengers are first vaccinated and inspected for vermin. Based on this officers certification as to vaccination and the certificate of the medical authorities of the Stuyvenburg Hospital as to bathing and fumigation, the American Consulate stamps the card which every immigrant is required by the United States quarantine regulations to present on arrival.

After vaccination the immigrants are examined medically from the standpoint of the United States immigration law. Through a local arrangement all cases of favus and trachoma are referred to local specialists. Diagnosis of the former disease is said to be controlled by microscopic examinations. Uncured cases are refused passage.

Judging by the methods followed, it is believed these inspections are adequate to prevent the embarkation of persons afflicted with quarantinable diseases, favus and trachoma.

While the inspections include disease likely to affect ability to earn a living, this phase of the work is not as thorough; the detection of insanity and mental defects is not entered into to any extent.

At Southhampton passengers arrive just prior to embarkation and are examined by the ship surgeon in the presence of a medical representative of the British Immigration Service. The medical officer of the British Board of Trade is also present. The eyelids of each immigrant are reverted. Some attention is paid to the detection of cases of favus, and plain cases of other diseases contemplated in the immigration law would be detained. Examinations for insanity and other mental defects can not be thorough with the methods followed. A medical officer of the American Consulate examines all passengers for evidences of vaccination, vacinating those who require it.

At Havre passengers are taken to the dock on the day of sailing for a medical examination. An examination of several hundred passengers intending to proceed via Compagnie Transatlantic Generale was witnessed. The inspection is conducted in a large room on the second floor of the dock. The emigrants enter this room one by one. They are vaccinated; one attendant scarifies the arm and another applies the vaccine. Other attendants examine each emigrant for evidences of venereal diseases and still another for vermin.

One physician examines for trachoma and another for favus. This part of the examination is orderly and thorough. No special examination is made for mental defects and physical disabilities affecting ability to earn a living, although perfectly plain cases would be detained. During these inspections an officer of the United States Public Health Service witnesses the vaccinations and looks out for cases of quarantinable diseases. He is occasionally consulted regarding other diseases, but has no authority for the medical inspection of aliens.

In case of illness emigrants are sent to the city hospital. From 1,000 to 1,500 emigrants are constantly in barracks awaiting sailing. They stay on an average of six days, and in case of illness would have the services of a full-time physician of the company.

During the month of November the Compagnie Transatlantic Generale embarked 3,745 third-class passengers from Havre and 1,658 second-class passengers. Seventy-one second-class and 313 third-class passengers were rejected. The large number of these rejections were on account of vermin and were temporary, although between 50 and 100 were on account of "maladies specials" (venereal diseases). At Cherbourg the inspection of groups of steerage passengers of two lines was witnessed. The vaccinations and inspections for vermin are observed by an officer of the United States Public Health Service.

The examinations for diseases coming under the immigration law are made by two physicians, one of whom is a representative of the French immigration service. They comprise a close scrutiny for favus and trachoma, and perfectly plain cases of physical or mental disability are excluded.

At Naples and other Italian ports medical examinations of departing aliens are conducted through a local immigration commission: (1) inspector of emigration; (2) officer of office of captain of the port; (3) secretary of the captain of the port's office; (4) doctor of the port; (5) police officer. The ship's doctor and a representative of the company may also be present. The above commission inspects all parts of the ship just before the embarkation of passengers as to sanitary conditions, food, and other requirements outlined in the Italian immigration law. Under this law only the American consul may be present at these inspections. This operates to exclude officers of the United States Public Health Service.

The above-mentioned board examines all passengers with the object of excluding such cases (1) as may be harmful to the health of other people; (2) as may be liable to exclusion under the United States immigration law. This board also conducts disinfection of baggage, which, however, does not include personal baggage nor clothing worn by the alien. At this port aliens are not bathed before embarkation. A medical officer of the consulate is on board the vessel just prior to sailing to observe the passengers as they come on the gangplank.

The medical examinations as outlined above are believed to be representative of those conducted at practically all ports. It is necessary to add, however, that a number of new lines have been established since the war, which have not the facilities for the examination and embarkation of passengers that are available to the old-line companies. In some places these new companies are experiencing great difficulties in securing facilities. On account of lack of experience, also, their examinations are not as effective as some of the older companies. Furthermore, some passengers rejected by other lines appear to resort to less particular lines.

On the whole, the examinations witnessed may be said to be generally thorough as relates to trachoma and fairly so as relates to favus. This is undoubtedly due to the special care taken for years in respect to these diseases at United States and Canadian ports of arrival and to the former rigid enforcement of the immigration law relating to deportations. In a few ports examinations for active manifestations of venereal diseases were carefully made. In a few ports more or less general attention was paid to diseases affecting ability to earn a living. At none of the ports were special tests made to detect mental defect. The degree of attention that may be expected to be paid in future will depend on the thorough enforcement of the immigration law at home ports.

There is special need, therefore, of standardizing and improving various aspects of the medical examinations as conducted abroad by steamship companies.

En route to and from Europe opportunity was taken to inspect thoroughly the steerage quarters aboard ship, as well as the hospital facilities and methods of preparation and serving food. The conditions were good, far better, in fact, than this class of passengers is accustomed to when traveling abroad.

The steerage accommodations aboard ships having large passenger lists are always limited. On this account and because of seasickness from which many persons suffer, as well as other obstacles, it has always seemed to me inadvisable to advocate the inauguration of any official system of medical examinations aboard ships en route.

The attempt to conduct such work under the conditions that would necessarily prevail would be demoralizing to the force on whom it devolved. Furthermore, it would result in dissipation of effort and would not relieve aliens from losses, financial and otherwise, in case of rejection at United States ports.

On arrival at New York all vessels carrying alien passengers or crews are subject to medical inspection under the immigration law, and any disabled aliens are cared for in the hospital at Ellis Island. For these purposes the United States Public Health Service maintains a medical staff of 42 full-time physicians and 9 consulting physicians.

The cabin passengers and crews are examined aboard ship, 13 medical officers being assigned to this duty. These examinations are undertaken immediately after vessels pass the quarantine inspection. The methods are varied, depending on facilities available and the origin and condition of passengers to be examined. These examinations can not be as thorough as would be the case were the persons to be examined removed to the examination rooms at Ellis Island. In view of the changed character of alien passengers traveling in the second class of many ships since the war, it would be desirable to remove this class, as well as the third class, to Ellis Island for thorough examination.

On account of the congestion at the port of New York, however, the tendency has been to undertake the examination of steerage as well as other passengers aboard some ships. This tendency is to be deplored, as examinations can never be as satisfactory aboard ship because of the lack of facilities and presence of other obstacles; and the fact that they are undertaken aboard encourages the physically and mentally disabled to travel in ships thus excepted in order to escape the detection of these disabilities.

In the case of crews it would be desirable to combine the medical inspections required under the quarantine and immigration laws and perform them while the vessels remain in the quarantine anchorage. The expected transfer of the quarantine station at New York from State to Federal control should render this practicable. Time would thereby be saved on the part of both medical and immigration inspectors, commerce would be facilitated, and the examinations would be more satisfactorily performed.

At present second-class passengers are inspected as the vessels proceed to their docks. Cases in which diagnoses of disabilities affecting ability to earn a living can be made immediately or certified to aboard. All other cases are referred to Ellis Island for secondary examination or observation in hospital as may be required.

It is the practice generally to remove third-class passengers to Ellis Island for examination. They are first subjected to a primary line inspection, each passenger being seen by two medical officers. The first officer looks specially for physical disability and mental defects. The second officer examines the eyes and looks out also for mental defects. About one out of six of all these passengers are detained for secondary examination. For this purpose they are taken into the medical examination rooms and partially disrobed.

The system has been developed as the result of many years experience, and is similar to, though more thorough, than medical inspections generally at ports throughout the world. By reason of the large numbers of aliens arriving, the conditions aboard ship and the magnitude of the immigration problem as effects the United States, increasing numbers should be subjected to secondary examinations. All steerage passengers should be freed of their baggage before inspection and both steerage and second-class passengers should be brought to Ellis Island for medical examination.

In order to do so, however, the facilities must be increased, additional medical officers provided and rearrangements as to space made whereby secondary examinations will be as rapid as primary inspections. These added facilities should include a small dispensary and laboratory in the medical division, a dark room for ophthalmologic work and special appliances for examinations and measurements in large number.

Through Ellis Island our population receives accretions annually of about 1 per cent. Aside from questions of assimilation, these vast numbers give rise to problems affecting the public health which should be thoroughly considered. Routine examination should accordingly be supplemented by special methods which would throw light on growth, physique in relation to national defense, and physical types as affecting racial development.

It should be made a punishable offense for aliens to give false information as to age and condition of health. At present the ages of children, for instance, are oftentimes falsely stated on the manifests. This vitiates the vital statistics and not only nullifies accurate observations but encourages violations of laws regulating school attendance and child labor.

From every standpoint the people of the United States have a right to all necessary information relating to the physical and mental status of its prospective citizens, particularly when they are arriving in such vast numbers as to speedily influence the type of the future American.

Arriving emigrants regarding whom a diagnosis can not be immediately concluded or who require medical care on account of illness are referred to hospital. For this purpose the hospitals at Ellis Island are believed to be well adapted. They have a capacity of 650 beds and are well equipped. There is need, however, of a central kitchen and a nurses' home to lessen congestion. The staff includes about 18 medical officers, 9 consultants, 65 to 70 nurses, and necessary administrative assistants and attendants.

On account of the congestion at Ellis Island and the growing practice of permitting treatment of the diseases excludable under the immigration law, the hospitals are filled to capacity. On January 18 there were 647 alien patients on hand. The prompt and thorough enforcement of the law with respect to deportation would relieve the hospitals of congestion both by removing the diseased aliens from hospitals and discouraging the embarkation abroad of persons suffering from excludable diseases.

In any event, aliens of the unassimilable classes should not be permitted to remain permanently in the United States, nor should other classes be permitted to come in greater numbers than will permit of their assimilation. Otherwise the problems of the public health will be increased and diverse physical and mental types will be perpetuated. From the aspects there is urgent need of dealing vigorously with the immigration problem. While they may not be immediately the most important, if neglected they will react unfavorably on the future development of our country and people.

From medical and public-health standpoints this need can be met by (1) increasingly thorough medical examinations at United States ports; (2) the prompt and thorough enforcement of the immigration law at United States ports as relates to physical and mental defects and disability; (3) the requirement that transportation companies shall refuse absolutely to embark persons excludable under law by reason of such defects; (4) the granting of authority to United States consulates to decline to visé passports or other permits to excludable aliens, or to grant bills of health to vessels embarking passengers who have been denied the visé or similar permit.

Thorough medical examination at United States ports can not be dispensed with in any event. The question has arisen whether these inspections should not be supplemented by further examinations either aboard ships en route, at ports of embarkation or places of origin of emigrants. In my opinion, examinations aboard ships would be impracticable for the reasons previously stated.

Should the visé control system be continued and extended or a system of individual permits established, it would be highly desirable from the standpoint of all for specially qualified medical officers of the United States Public Health Service to be assigned to duty at selected consulates to cooperate with and advise Consular and Immigration officers in matters affecting the health and physical fitness of departing aliens. These officers would regularly inquire into the occurrence abroad of diseases excludable under the immigration law, study the movements of alien groups destined to America in relation to physical and mental fitness, cooperate with transportation companies in standardizing their medical inspection and, as stated above, advise and cooperate with consular and immigration officers in the enforcement of all laws relating to the selection or rejection of immigrants for medical and public health reasons.

Independent of the practicability of extending official control methods abroad, no examinations should be undertaken by medical officers of the Government which would tend to absolve in the least the transportation companies or the emigrant personally from full responsibility as to physical and mental fitness before embarkation. In view of the reasonableness of the medical requirements, these parties should be able in practically every instance to determine in advance whether they will be able to conform to them.

The CHAIRMAN. The other day we had Dr. Creel before us; and we asked him to give certain figures as to the certification and disposition of certain excludable diseases. That table has been handed to the committee, but too late to be included in the printed record of that hearing. If there is no objection I will have it inserted in this record, and also have it read at this time.

(The report referred to is as follows:)

Certification and disposition of excludable diseases, July 1, 1920, to Dec. 31, 1920.

Race.	Total certified.	Admitted.	Deported.	In hospital Dec. 31 since— July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Favus:										
Armenian	3	1	1		1					1
Greek	5		4						1	1
Hebrew	46	6		1	3	14	13	3	6	40
Italian	11	3	2	2	2				2	6
Polish	5	1			1	1			2	4
Slavic (other)	2			1		1				2
Syrian	1						1			1
Total	73	11	7	4	7	16	14	3	11	55
Trichophytosis:										
Albanian	1		1							
Armenian	2							1	1	2
Belgian	1		1							
British	1		1							
Greek	4	1	3							
Hebrew	73	43			5	5	5	4	11	30
Holland	1	1								
Irish	2	2								
Italian	35	16	14				1	1	3	5
Maltese	1	1								
Polish	5	2	1				1		1	2
Portuguese	3	1	2							
Scandinavian	1		1							
Slavic (miscellaneous)	7	2	5							
Spanish	5		4						1	1
Turkish	2	2								
Total	144	14	8		5	5	7	6	17	40
Trachoma:										
Arabian	1	1								
Armenian	19	3	3			1		1	11	13
German	2	1	1						1	1
Greek	1									
Hebrew	27	8	8			1	2	2	6	11
Irish	2							1	1	2
Italian	62	17	30		2	2	1	3	7	15
Magyar	1		1							
Maltese	5		5							
Mongolian	2		1						1	1
Polish	4								4	4
Portuguese	3	1	1						1	1
Rumanian	3				1			2		3
Serbian	1	1								
Slavic	10	1	5					1	3	4
Spanish	31	2	28						1	1
Syrian	13	3	6		1	1	1		1	4
Turkish	1		1							
Total	188	38	90		4	5	4	10	37	60
Venereal:										
African, black	13	2	9				1		1	2
Armenian	2	1							1	1
British	5	1	3						1	1
French	1		1							
German	2		2							
Greek	4	1	3							
Hebrew	5		3					2		2
Italian	35	7	26						2	2
Latin American	5	1	3				1			1
Mongolian	1		1							
Polish	2		2							
Portuguese	7	1	5						1	1
Rumanian	2		2							
Russian	2	2								
Scandinavian	9	1	6						2	2
Slavic	2	1	1							
Spanish	30	8	22							
Turkish	1		1							
Total	128	26	90				2	2	8	12
Frambœsia, Turkish	1		1							
Leprosy, Syrian	1		1							

Certification and disposition of excludable diseases, July 1, 1920, to Dec. 31, 1920—Continued.

Race.	Total certified.	Admitted.	Deported.	In hospital Dec. 31 since— July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Insanity—Constitutional psychopathic inferiority:										
British	4	1	2						1	1
Finnish	1		1							
Greek	1		1							
Hebrew	5	2	2						1	1
Holland Dutch	1	1								
Irish	4	1	3							
Italian	5	1	3						1	1
Magyar	1								1	1
Polish	2		2							
Scandinavian	2		1						1	1
Slavic	2		2							
Total	28	5	18						5	5
Epilepsy:										
Flemish	1	1								
Italian	1		1							
Slavic	1		1							
	3	1	2							
Tuberculosis:										
British	2		2							
Greek	1		1							
Hebrew	5	4					1			1
Irish	1		1							
Italian	6	1	4						1	1
Javanese	1	1								
Latin-American	3	1	2							
Mongolian	2	1							1	1
Slavic	2	1							1	1
Spanish	1								1	1
	24	9	10			1		1	3	5
Mental defect—Idiocy, imbecility, feeble-minded:										
British	8	3	4						1	1
Bulgarian	1								1	1
French	1		1							
Greek	2	1	1							
Hebrew	32	22	1					1	8	9
Irish	1							1		1
Italian	8		7						1	1
Latin-American	2	2								
Russian	1	1								
Slavic	1	1								
	57	30	14					2	11	13

NOTE.—The figures in the column headed "Admitted," as they relate to favus, trichophytosis, and trachoma, include a certain number of cases which were admitted to the immigration hospital and eventually discharged as cured after varying periods of treatment, as well as those that were landed under bond or parole.

The CHAIRMAN. I want to ask you, Dr. Cumming, how it is that cases of insanity and constitutional psychopathic inferiority are admitted into the United States at all? This report shows 28 such cases certified, 5 admitted and 18 deported during the six months ended December 31 last?

Dr. CUMMING. Our authority under the law, Mr. Chairman, and our duty ends when we certify to the immigration authorities the existence of such diseases. It is then the duty of the immigration authorities to enforce the law.

The CHAIRMAN. Do you have any right of appeal or protest?

Dr. CUMMING. Do we?

The CHAIRMAN. Yes.

Dr. CUMMING. No, sir.

The CHAIRMAN. You certified in that period of six months the arrival of 57 cases of mental defect, idiocy, imbecility, and feebleminded, and the report shows the admission of 30 of them, the deportation of 14, and the placing of 13 in hospitals?

Dr. CUMMING. We are very conscious of that, Mr. Chairman, because it often reflects upon the Public Health Service among people who do not understand that our function ceases with the certifying of the existence of the condition.

The CHAIRMAN. Well, we should be glad to have a statement in detail concerning that situation.

We want to look for the reason that insane people, and women particularly, are admitted into the United States after your service has reported them insane, etc., we want to find what happens after these cases go to the immigration service for further inquiry?

Dr. CUMMING. Yes, sir; we would be very glad to have that entered on the record, Mr. Chairman, because, as I have indicated, magazine writers and publicists, after half looking into things, frequently attribute those conditions to us, thus reflecting on our efficiency.

The CHAIRMAN. In this report are 144 cases of people that had a disease that I do not know anything about—trichophytosis. What is that?

Dr. CUMMING. Ringworm.

The CHAIRMAN. That is an excludable disease, is it?

Dr. CUMMING. Yes, sir.

Mr. RAKER. Mr. Chairman, there is so much involved in this matter that I would like very much for the committee to have a chance of going into it further with Dr. Cumming.

The CHAIRMAN. Yes.

Dr. CUMMING. I shall be very glad to do so. I have been over 20 years on this duty, and I shall be very glad to give the committee any information I can.

(Thereupon, at 11 o'clock a. m., the committee took a recess until 2.30 o'clock p. m.)

AFTER RECESS.

The committee reassembled at the expiration of the recess.

STATEMENT OF DR. HUGH S. CUMMING, SURGEON GENERAL UNITED STATES PUBLIC HEALTH SERVICE—Continued.

The CHAIRMAN. Before we proceed to the questions that Mr. Raker desires to ask you, Dr. Cumming, I wish to call attention to the fact that this morning's New York newspapers report as follows:

924 IMMIGRANTS BARRED HERE UNTIL "RENOVATED."

Nine hundred and twenty-four Poles and Czechoslovakians who arrived here last Thursday on the White Star liner *Poland* from Antwerp, will have to go through a cleansing process on Hoffman Island before they are admitted to this country.

This was decided yesterday after Immigration Commissioner Wallis had viewed the arrivals and had had a medical examination made of a hundred cases.

Now, I take it that that report of the procedure as to Commissioner Wallis is not quite correct; the examinations are made by the medical authorities in advance of the commissioner's action, are they not?

Dr. CUMMING. Yes, sir; the quarantine.

The CHAIRMAN. The quarantine is the first step?

Dr. CUMMING. Yes, sir; the quarantine is the first step.

The CHAIRMAN. This is the reason that I brought this matter up: Here is the steamship *Poland* ordered to quarantine, with 924 immigrants. She arrived last Thursday; and the *President Wilson* arrived a couple of days ahead of that, and she had 1,050 immigrants on board, and I understand that these have also been sent to quarantine. Now, what is the capacity at Hoffman Island?

Dr. CREEL. The capacity was 1,700. We sent an old hulk to New York quarantine station in December, which, would increase the capacity by 700; so that their total capacity at present, I think, is about 2,400.

Dr. CUMMING. That is an old war vessel, the *Lancaster*, which we had had at Philadelphia quarantine station.

The CHAIRMAN. When a vessel is sent to quarantine, or the passengers, and particularly the steerage passengers, on a vessel is sent to quarantine, is that reported to your office?

Dr. CUMMING. Yes, sir; we get it eventually, and we get it very promptly when it is a national quarantine.

The CHAIRMAN. When it is a national quarantine? What do you mean by that?

Dr. CUMMING. I mean when it is under the United States Public Health Service; that is still a State quarantine there.

The CHAIRMAN. Will you furnish this committee with a list of the ships and the people who have been sent to quarantine during the month of January, 1921, and to date in February?

Dr. CUMMING. Yes, sir, I shall be very glad to do so. You want it just for those two months?

The CHAIRMAN. Yes; just to see what is happening now and how close they are running to capacity.

(The statement referred to is as follows:)

List of infected vessels arriving port of New York according to date of arrival, disease detected, number of cases, and port of departure.

Date of arrival.	Name of vessel.	Number of cases.	Disease.	From—
Aug. 1	La Savoie	1	Typhus	Havre.
Aug. 12	Niagara	2	do	Bordeaux.
Oct. 5	Noordam	1	do	Rotterdam.
Nov. 14	New Rochelle	1	do	Havre.
Dec. 11	Adriatic	1	do	Cherbourg.
Feb. 1-3-9	Presidente Wilson	4-15	do	Trieste.
Feb. 10	San Giusto	20	do	Do.
Sept. 28	Mobile	1	Smallpox	Liverpool.
Oct. 11	Roma	1	do	Lisbon, etc.
Oct. 12	Nieuw Amsterdam	1	do	Rotterdam.
Dec. 15	Ferdinando Palasciano	1	do	Naples.
Dec. 22	Duca d'Aosta	1	do	Do.
Jan. 5	Braga	1	do	Do.
Jan. 22	Patria	1	do	Do.
Feb. 9	Providence	1	do	Do.

The CHAIRMAN. Now, I want to ask you one more question: With the number of cases of typhus at quarantine station and those two in the Harlem hospital, would that be considered under international rules an outbreak of typhus in this country at all?

Dr. CUMMING. Not under modern conditions, Mr. Chairman, because we know more about how to control it than we did 10 years ago.

The CHAIRMAN. What I mean is this: Are those cases of typhus sufficient to cause the United States to notify any other country under those treaties and conventions?

Dr. CUMMING. Yes, sir; that would be enough of an outbreak if it were not imported. But where no case breaks out in the town, it is not necessary to report that. If those cases came from other countries, and there is no secondary case in this country arising from them, then we are not bound under the treaty to notify them.

The CHAIRMAN. If 400 cabin passengers went out from that ship, I presume the New York health authorities are endeavoring to locate them. Now, if some of those passengers should be taken with typhus fever as a result of those cases, would you have to report that to foreign countries?

Dr. CUMMING. Not if they are original cases from that ship.

The CHAIRMAN. Not until it has spread from the people on the ship?

Dr. CUMMING. That is correct.

The CHAIRMAN. I desire to read into the record, so that the matter will all be together, a letter addressed to the chairman of this committee by the Secretary of State, dated January 31, 1921, as follows:

DEPARTMENT OF STATE,
Washington, January 31, 1921.

Hon. ALBERT JOHNSON,
Chairman Committee on Immigration and Naturalization,
House of Representatives.

SIR: I have the honor to advise you that the department is in receipt of a communication of December 28, 1920, from the American consul at Valetta, Malta, reading as follows:

"The emigration committee has issued the following notice:

"Information having been received that there may be a slackness in the demand for labor during the winter months, intending emigrants to America are warned that no passports to the United States of America will be issued until further notice.

"Exception will be made in the case of families who wish to join their heads in America and also of domiciled persons and former residents. Passports may be issued to such persons at the discretion of and after careful investigation by the emigration office."

I have the honor to be, sir, your obedient servant,

BAINBRIDGE COLBY

The "emigration committee" referred to is the Italian Government's emigration committee.

The reason I want this to go in the record is so that when the matter comes up at any time we can make inquiry as to what class are coming in from Italy.

Mr. RAKER. When was that order issued?

Dr. CUMMING. It is dated December 28, 1920.

Mr. RAKER. December 28, 1920. Now, notwithstanding that order, are there not large numbers of Italians coming in at the present time, and have there not been for the last month and a half?

The CHAIRMAN. Well, the *Presidente Wilson* is now hung up with 1,050 passengers in quarantine; and I presume they are Italians.

Mr. RAKER. You have not any direct information on that?

Dr. CUMMING. Not as to the nationality; but coming from Trieste, I should think possibly they are Jugo-Slavs, and other people from that district.

Mr. RAKER. What is the condition in Europe, if you know, as to people from Poland, Russia and Czechoslovakia, and those various republics, going into France and England, through passports from their home country, almost ad libitum, and then embarking for the United States? Do you know what the real condition is now in regard to that?

Dr. CUMMING. As to the numbers, or——

Mr. RAKER (interposing). As to the fact that that is being done?

Dr. CUMMING. Oh, I think they are being brought, in rather large numbers, to Cherburg, Havre, Antwerp, and Rotterdam.

Mr. RAKER. Well, are they or not coming from Russia and Poland and Czechoslovakia, and those other places, and getting a passport to go to France, for instance, or to Holland, and then when they get there, coming on to the United States?

Dr. CUMMING. So far as I know, the restrictions, in France particularly, with reference to people from Russia are very strict; I think there are none from Russia; but from Poland I should say there are a considerable number coming.

The CHAIRMAN. We will have to get that information, when the time comes, from Commissioner General Caminetti, and also from Dr. Kerr. I think we will have him down here in the course of time.

Mr. RAKER. Now, in regard to typhus, is that a disease that is loathsome or contagious?

Dr. CUMMING. It would come under "dangerous contagious diseases."

Mr. RAKER. Dangerous contagious diseases?

Dr. CUMMING. Yes, sir; quarantinable diseases excluded under the quarantine act—that is, not excludable, because the disease itself is limited; I mean it either kills a man or he gets over it; when he is convalescent or well he can come in.

Mr. RAKER. But it is contagious?

Dr. CUMMING. It is contagious in its active state for a few days.

Mr. RAKER. Just describe in your own way, in the English language, what it is, will you?

Dr. CUMMING. Typhus? Historically, typhus was very prevalent throughout Europe. It has always accompanied and followed large aggregations of people, such as you get during war, mobilizations of people, such as crowded conditions on shipboard, in prisons and tenements, etc., and conditions of hunger and cold; in other words, the conducive conditions are overcrowding, lack of cleanliness, and the development of the louse, which seems to be, so far as we know, the only mode of the conveyance of the disease; the disease is conveyed from one person to another by means of the louse, generally the body louse, sometimes the head louse.

Mr. RAKER. When a shipload of passengers in which this typhus exists lands at Ellis Island, the disease is liable in that way to scatter through practically all the steerage passengers, is it not?

Dr. CUMMING. Yes; under the conditions of overcrowding and lack of facilities for cleanliness.

Mr. RAKER. And if those people are not thoroughly cleansed and washed and fumigated, and their clothes fumigated and practically destroyed before they leave, they are in a position to spread the disease, particularly in large cities like New York and the surrounding towns?

Dr. CUMMING. If there is a case of typhus on board, and an infected louse. Of course, in the absence of a case of typhus the louse itself would not spread the disease. It has to be an infected louse, just as it has to be an infected mosquito to spread yellow fever.

Mr. RAKER. Well, the passenger infected with typhus and lousy——

Dr. CUMMING (interposing). Would be a source of danger.

Mr. RAKER (continuing). And traveling around among the passengers on board, the louse could go from one person to another very readily?

Dr. CUMMING. Yes, sir.

Mr. RAKER. And could get into their clothes; and this infected louse could go from the clothes of one person to those of another, sometimes, in jostling crowds when a man was walking along the street?

Dr. CUMMING. Yes; that is the mode of conveyance. In going through Poland, one frequently found, after going through certain quarters of a city, that he had one or more lice on him when he got back home. They are very easily communicated in jostling in the streets, and in sitting in a carriage, for example.

Mr. RAKER. When your department, the United States Public Health Service, has certified that an immigrant is infected with typhus, and reported that to the immigration officers, I understand from you that the duty of the Public Health Service comes to an end?

Dr. CUMMING. No. In relation to a quarantinable disease of that kind, our duty is to remove the man from the ship, without referring to the immigration authorities at all. He is not in the country as yet; he is taken off at quarantine and treated in the quarantine hospital; and upon recovery from that disease he would be subject to the immigration laws.

The CHAIRMAN. I remember that Dr. Creel explained the other day that there were certain diseases that were quarantinable.

Dr. CUMMING. Yes; smallpox, yellow fever, cholera, typhus fever, and leprosy, for instance. We take those men off at quarantine, whether they are immigrants or not; in other words, an American citizen would come under that law and be removed just as much as an alien, if he had one of those quarantinable diseases.

Mr. RAKER. Well, the alien with this disease is subject to deportation.

Dr. CUMMING. Well, he would not be from a practical standpoint, Judge Raker, because it is a self-limited disease; and the man would be kept in the hospital, both to avoid infecting the ship going back, as a matter of international friendship, and because of the condition of the man himself.

Mr. RAKER. Well, is that quarantine hospital, for instance, in New York harbor under the control of the Public Health Service, or under the State?

Dr. CUMMING. At present it is under the State, pending the transfer of title; in the last session of Congress we were authorized and given money to purchase the New York State quarantine station, but the title has not yet passed. The Department of Justice has had the matter in hand for several months, and we are waiting for them to finish.

Mr. RAKER. Is that quarantine station under sufficient supervision so as to control absolutely the patients infected with smallpox or typhus, for instance?

Dr. CUMMING. I think they have a reasonably good quarantine. It is a very difficult place to handle; probably one of the most difficult in the country, I think.

The CHAIRMAN. Do you mean the business in the harbor of New York is difficult to handle, or the station itself?

Dr. CUMMING. I mean the harbor. It is an enormous harbor, and it is difficult to inspect all of those ships coming in. We have been holding them up, I suppose, once a week. We will furnish you a list of those cases.

(The statement referred to was previously inserted.)

Dr. CREEL. There have been a number of ships, I think, with typhus coming in.

Mr. RAKER. Dr. Cumming, on January 20 I wrote you with regard to the number of certified cases; and on January 25, 1921, your office furnished me a statement covering the period from July 1 to December 31, 1920; and in that list there are four classes named, class A–1, class A–2, class B, and class C. During that six months' period you certified, under class A–1, 112 cases; and there were 48 of those cases deported and 50 cases landed. Those were infectious and contagious cases, were they not?

Dr. CREEL. Class A–1 covers mental cases and tuberculosis.

Mr. RAKER. Yes, that is correct. Well, here is class A–2; and under that head we find chancroid. There were 25 cases of that kind certified, of which four were landed. How did they land those people?

Dr. CUMMING. We report the medical condition to the immigration authorities, and the subsequent proceedings are up to them. It is possible that they may have been citizens; I do not know anything about that.

Dr. CREEL. No; that report applies only to aliens.

Mr. RAKER. I see from the report that there were 16 cases infected with favus landed. What hospitals did they go to?

Dr. CUMMING. After they are landed?

Mr. RAKER. Yes.

Dr. CUMMING. They are beyond our jurisdiction after they are landed. They are not legally landed so long as they are in the hospital at Ellis Island

Mr. RAKER. Of gonorrhea there were 73 cases certified, 50 deported, and 28 landed. That would be in the same class as the other cases?

Dr. CUMMING. Yes, sir; that is a loathsome contagious disease.

Mr. RAKER. Of trachoma there were 188 cases certified, 95 deported, and 37 landed. That would be the same?

Dr. CUMMING. Yes, sir.

Mr. RAKER. Well, are you in a position to tell the committee how the Immigration Service handles these people with these deportable diseases, which are loathsome, contagious diseases, after they land them and get them out of these hospitals?

Dr. CUMMING. I think, if it is agreeable to you and the committee, you could get more detailed information with reference to that from Dr. Kerr when he comes down, as to the exact methods of handling that.

Mr. RAKER. All right. Does the Immigration Service, in addition to the Public Health Service, which has under it the quarantine service—does it have a separate, independent medical service after they land these people who are deportable by reason of these loathsome contagious diseases?

Dr. CUMMING. After they are landed I believe they go beyond the jurisdiction of all the Government services, except as to the law restricting them for a period of five years in cases of imbecility, etc. But the ordinary case, I imagine, is beyond their jurisdiction, unless they are landed under bond.

The CHAIRMAN. This committee, if you will remember, obtained a long list of insane persons, including women, who were landed in this country during the war?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. And we made inquiry about it, and the contention in the Secretary's office was that, owing to the difficulties of transportation, it was impracticable to return those insane persons to their native countries.

Now, for the present fiscal year we find insane persons still coming in. I have quite a list of insane persons who were admitted last year, including women who have since married; they have come in under bond and have married American citizens, and the bond is worthless.

Mr. WHITE. You say those insane persons have married American citizens, some of them?

The CHAIRMAN. Yes.

Mr. WHITE. Well, the American citizens who wanted to marry them were undoubtedly insane also. [Laughter.]

The CHAIRMAN. At any rate, their progeny will be insane.

Mr. RAKER. What I am getting at is this: The facts seem quite evident from the record we have as to the nonenforcement of this law; and if that is found to be true, what I want to know is why they are turned loose in the community instead of being deported? Of course, Dr. Cumming has gone as far as he can in the matter.

Dr. CUMMING. I would like to have it made clear in the record, Mr. Chairman, that under the law, however we may feel about it as citizens and however we may feel as professional men, our duty and jurisdiction ceases when we certify to the immigration authorities that, in our opinion, the mental and physical condition of these people is such as to exclude them under the law.

The CHAIRMAN. Well, this inquiry is for the particular purpose of trying to locate the fault and see what can be done. I want to ask you, if you should feel that it was your duty to protest that an alien covered by one of these certificates had still entered the United States, to whom would you make the protest?

Dr. CUMMING. I would take the matter up through my superior officer, the Secretary of the Treasury, naturally, for him to take such action as he might deem appropriate with the other department, because our official communication with the other departments normally goes through our Cabinet officer.

The CHAIRMAN. In the matter of taking up this arrival of typhus cases on the *Presidente Wilson*, or some other ship, when you took the matter up with the State Department, did you write directly to the State Department or did you take it up through the Secretary of the Treasury?

Dr. CUMMING. We addressed a letter to the Secretary of the Treasury, for communication to the State Department.

Mr. RAKER. What I am trying to get at from Dr. Cumming now is that, after he has certified, for instance, a typhus case, or any other of these deportable cases named in the report, what machinery has the Bureau of Immigration to test whether or not these people should be landed—in a medical way?

Dr. CUMMING. None, that I know of. When I was in charge at Ellis Island some years ago, and also in San Francisco—and I imagine that that still is the practice—a man has frequently been allowed to get outside professional opinion before a court when he came up on a writ. There have been in the past appeals to United States courts for a writ to compel the releasing of a man, and in those cases—I imagine this practice still continues, though I am not familiar with the details in the last few years—they have been able to get outside professional opinion; and sometimes that professional opinion has differed very materially from ours.

Mr. RAKER. Well, excluding the cases in which there is an appeal and taking those in which the immigrants have been permitted by the immigration officials to land without an appeal—or even if there is a contest—is there a request of your department to again appear and reexamine the applicant, in addition to such private professional examination as the applicant may secure before the immigration officials dispose of his case?

Dr. CUMMING. We would have no official knowledge of the disposition of the case, after once certifying it, until there was an order to the hospital to release the case.

Dr. CREEL. As a matter of administrative procedure, when appeal is made to the Commissioner General or the Secretary of Labor the call for a medical board for the purpose of developing additional information not already considered. At the conclusion of this reexamination the medical record is transmitted to the commissioner and thence to the special board of inquiry, composed of immigration inspectors.

The CHAIRMAN. Do the officers of the Public Health Service appear at that inquiry?

Dr. CREEL. I do not know the administrative procedure. The medical board subsequent to reexamination prepares a report, which ultimately is furnished to the special board of inquiry. Whether the medical officers also appear before this latter body, I do not know.

Mr. RAKER. Let us take this kind of case: Where there is no appeal; for instance, where the case is certified by the Public Health Service, of a man having typhus. This case is then taken up at Ellis Island and the board hears his case?

Dr. CUMMING. Yes, sir.

Dr. CREEL. A special board of inquiry.

Mr. RAKER. A special board of inquiry hears his case. Now, that board at the hearing can turn the man loose or not. At that hearing, when this pretty delicate question is involved, is your department called upon for further testimony in that examination?

Dr. CUMMING. Not as a routine thing. The written statement of the officer in charge, certifying that in his opinion the man is suffering from such-and-such a disease, is admitted in the evidence.

Mr. RAKER. At that hearing, the applicant and the physicians whom he may select may come in and testify?

Dr. CUMMING. I do not know the present procedure, but I think that is true.

The CHAIRMAN. It must be clear from an examination of these detailed statements that we called for and received the other day, that appeals are made as a result of pressure from somewhere.

Mr. RAKER. But I want it shown clearly in the record; so that the House may get the benefit of it, just what the procedure is; and if I am mistaken in my idea of it, I want to know it. When a case is certified—take a case of typhus as a concrete case—this special board of inquiry makes an examination. At that examination the applicant, together with his witnesses, physicians and others, may appear, and if the special board of inquiry decides against the applicant he may appeal. Now, on that hearing, there is no opportunity for the Public Health Service to be heard, to be examined and make further representation and re-present its former written statement, or to give further information; but the case is disposed of practically ex parte, so far as the Public Health Service is concerned.

Now, take a second case of like character: If the special board of inquiry decides that the man should be discharged, and admitted into this country, it may hear the same class of testimony on behalf of the applicant; but still the Public Health Service has not had any chance to be heard, or any medical board on behalf of the Government to present to this special board of inquiry evidence as to whether or not this man is still afflicted with this disease.

What I am trying to bring out is that that, as I understand it, is the fact. Is it not?

Dr. CUMMING. Yes, sir. If a man is landed, as I say, by the board of appeals, the service has no further jurisdiction, except——

Mr. BOX (interposing). As illustrating the condition you are dealing with, I call your attention fo the case of an inspection of an immigrant which you and I personally observed, Judge Raker, on a ship in New York Harbor, in which the inspector said, speaking of the immigrant: "She is certified as mentally defective, but I am going to admit her."

Mr. RAKER. Yes.

Mr. BOX. The inspector in that case may or may not have been justified; I am not speaking about that. But that had passed beyond your jurisdiction, and in no way are you or your department responsible for that case.

Dr. CUMMING. May I ask whether that was one of our inspectors?

Mr. BOX. No; it was an immigration inspector.

The CHAIRMAN. What I am trying to get at is, who is there to act on behalf of the Government of the United States in cases of insane immigrants after they have been certified as such by your service? You drop out then?

Dr. CUMMING. We have to.

The CHAIRMAN. And then the insane person, or the feeble-minded person is admitted?

Dr. CUMMING. Yes, sir; sometimes.

Mr. RAKER. In other words, Mr. Chairman, it appears that, so far as the public health of this country is concerned, after the Public Health Service makes its examination and certifies the case, there is no one there to represent the Government, so far as the public health is concerned, with reference to this case of loathsome, contagious disease?

Dr. CUMMING. No, sir; none provided for under the law.

Mr. BOX. May I continue that, by saying that there is absolutely no follow-up system after they leave the jurisdiction of your service; there is no follow-up system in any department or provided for by the law?

Dr. CUMMING. None provided by the law; but it would be in the interest of the public to have such a system.

Mr. RAKER. Well, all of these cases named on the second page of this report which you have sent me are cases of contagious diseases, are they not?

Dr. CUMMING. Yes, sir.

Mr. RAKER. Will you name them so that they will go in the record?

Dr. CUMMING. Chancroid, favus, framboesia, gonorrhea, leprosy, syphilis, trachoma, trichophytosis, barbae trichophytosis tonsurans; trichophytosis trunk, and trichophytosis unguim.

The CHAIRMAN. I notice that some cases of trachoma have been admitted. That is on the theory that they are curable?

Dr. CUMMING. They are curable at certain stages, Mr. Chairman, after a considerable amount of treatment.

Dr. CREEL. Mr. Chairman, may I say that the law provides for the admission to the hospital of those cases which are easily curable? I do not believe it was ever contemplated, however, that trachoma or favus, which ordinarily require at least six months or a year to effect a cure, were intended to be included in the term "easily curable."

The CHAIRMAN. That is not at the expense of the Government, is it?

Dr. CUMMING. It is at the expense of the steamship company.

Mr. RAKER. Where is the provision that they may land any of those afflicted with loathsome contagious diseases?

Mr. CUMMING. I know of no provision to that effect. The physical landing of the individual in a hospital under control of the immigration service is not considered "landing" legally within the meaning of the law.

Mr. BOX. And it is not so classified in this report that the chairman has called attention to, is it? Those that are classified there as having landed are not those who are sent to hospital?

Dr. CUMMING. No, sir; those people are not landed; they are under the jurisdiction of the immigration authorities.

The CHAIRMAN. Let us take this case: Suppose in a case of trachoma they landed a person under bond, who could be cured; and that person under an arrangement remains in the hospital for six months; that is presumed to be at the expense of the steamship company, is it?

Dr. CUMMING. So far as I know it is.

The CHAIRMAN. Does that steamship company make a report to the Government of the discharge of that patient?

Dr. CREEL. Or sometimes at the expense of the immigrant or his kin or friends.

The CHAIRMAN. Well, to whom is such report made?

Dr. CREEL. Before they finally dismiss custody of the case, it has to be passed on again by a medical examiner.

The CHAIRMAN. From the Public Health Service?

Dr. CREEL. Yes, sir; and he certifies that the alien is cured, or otherwise as the case may be.

Dr. CUMMING. Unless the man is allowed to go out under bond.

Dr. CREEL. Well, even in bond cases; I know I have myself seen cases in a Chicago hospital that were confined there for a year or more. I would make an examination every month or so to see if a cure had been effected.

Mr. RAKER. What would you do with a fellow that is landed and sent to a private hospital for treatment? You have no control of him.

Dr. CREEL. If he is under bond or on parole, it is my understanding hat the immigration officials constructively maintain custodial testraint.

Mr. RAKER. That is, they keep in touch with the hospital. But who examines that patient for the Government to see that he is cured before he is turned loose?

Dr. CREEL. The public health officer.

Mr. RAKER. For the State?

Dr. CREEL. No, sir; for the Public Health Service and in behalf of the Government.

Dr. CUMMING. He is not legally landed; he is still under constructive control of the immigration authorities. My custom was when I was medical officer at Philadelphia to personally go around the hospitals and see these cases and see how they were getting along. It would be physically impossible for the service to follow that as a whole throughout the country, I should say.

The CHAIRMAN. Let us take two cases of typhus at Harlem Hospital—cases of typhus passengers who were landed; what would be their status?

Dr. CUMMING. They would be taken over by the State authorities and the Federal authorities, as long as they had confidence in the ability of the State authorities to control that disease, would not take any action. If the State was unwilling or unable to control the disease and prevent its spread, the duty of the Federal authorities would be to prevent its spread into other States.

Mr. KLECZKA. Dr. Cumming, did you say that you had traveled in Poland?

Dr. CUMMING. A good deal; yes, sir. I was chairman of the allied medical commission sent there in 1919.

Mr. KLECZKA. You have not been there recently?

Dr. CUMMING. No; I left there in October, 1919.

Mr. KLECZKA. And all of your information on conditions there is based upon the consular reports and what others have said?

Dr. CUMMING. What others have said. We have officers in Poland from whom we get reports.

Mr. KLECZKA. Yes; that is what I want to know about.

Dr. CUMMING. Col. Gilchrist, who has been out there from the beginning, from 1919—he went out in June or July, 1900—has just recently returned. Col. Chesley, who was the head of the American Red Cross during all of that time; so that I believe I have information from absolutely reliable authority.

Mr. KLECZKA. Take Poland as an illustration: Does your department prescribe rules and regulations for our consular agents to be followed by them in the viséing of passports—for instance, as to whether the immigrants are able to comply with the physical requirements?

Dr. CUMMING. We have nothing to do with that.

Mr. KLECZKA. Well, is there not some commission, for instance, in Danzig, which passes on the medical requirements of immigrants?

Dr. CUMMING. We sent an officer there under the law of 1893. We have no authority to examine a man in a foreign port for immigration purposes. I wish we had; I think that would be the solution of a good deal of the trouble.

Mr. KLECZKA. You believe that if you did have such control at the port of embarkation, that would solve many of the difficulties, or, at least, prevent the transmission of these contagious diseases to our shores?

Dr. CUMMING. I believe, as a result of twenty-odd years of experience abroad and at these various stations here, that one of the most important things that could be done would be to provide for a preliminary examination abroad of intending immigrants to this country.

The CHAIRMAN. That is, medical condition and mental condition?

Dr. CUMMING. Condition mentally and physically; yes, sir. I think that opinion is one that is concurred in by all the experienced consuls I have talked to, all over Europe.

The CHAIRMAN. Would you carry that further and have an examination as to whether they would be likely to become public charges, or to cover matters of that kind?

Dr. CUMMING. Only, Mr. Chairman, in an advisory way. It seems to me that provision might be made to advise the immigrant that he would probably not be admitted.

The CHAIRMAN. You would want to have the right to reject him for leprosy, or for idiocy, or for syphilis?

Dr. CUMMING. I think that would be advisable, and humane at the same time. It is a very serious thing for a peasant in Italy or Poland to sell his belongings and his land and pick up his family, stay a week or two at a port on the other side, and then come to this country and find himself excluded.

The CHAIRMAN. It is equally distressing for him to come here with his whole family and find only one of them excluded.

Dr. CUMMING. Yes; that is more distressing. And I think one of the hardest things a medical officer has to do is to certify, sometimes, that a member of a family—a mother, for instance, with small children—has to go back. It is a considerable strain on a man's feelings.

Mr. KLECZKA. Take the port of Danzig, for illustration: What, if any, precautions are taken there to prevent immigrants afflicted with these contagious diseases from boarding the boat?

Dr. CUMMING. The port of Danzig is politically, you know, in a peculiar position; it is practically ruled now, or was until recently, by an allied high commissioner, who happens to be an Englishman.

Mr. KLECZKA. An allied commissioner.

Dr. CUMMING. After some difficulty there locally, we, through the offices of Mr. Gibson, our minister, provided for a detention camp there, and one of our officers was ordered up there from a French port, and is now there.

The CHAIRMAN. Who pays for the carrying on of that camp?

Dr. CUMMING. The steamship companies—or the people themselves, I think. The American Government does not; we simply have an officer there, paid by the Government, for purpose of supervision.

Dr. CREEL. The plant is under the control of the city government of Danzig.

Dr. CUMMING. Yes; it is controlled by the high commissioner of Danzig.

Mr. BOX. Mr. Chairman, may I ask a question? The gentleman spoke of special conditions at Danzig under which the city government, or the authority generally, is administered by a commissioner representing the powers. Do you attribute to that condition the fact that you got permission to establish an office there to inspect these people?

Dr. CUMMING. No, sir.

Mr. BOX. The point I was getting at is, whether or not foreign Governments are willing to have you there to inspect prospective immigrants?

Dr. CUMMING. We have had no formal objection except from one country.

Mr. KLECZKA. What country is that?

Dr. CUMMING. Italy.

The CHAIRMAN. Is that a continuous objection, or one that has just arisen recently?

Dr. CUMMING. We originally stationed medical officers in the Italian ports at the request of the Italian foreign office, to facilitate commerce during the cholera epidemic.

Dr. CREEL. It was in 1898, during the cholera epidemic.

Dr. CUMMING. Yes; we also had somebody over there during the cholera epidemic of 1893. And we were very successful in allowing commerce to continue, and in preventing cholera from getting into the ships there and from getting into the ports of the United States. And it was a great surprise to me, when I got to Rome in 1919, to be told by the chargé d'affaires there that the Italian Government had objected to the continuance of our work in the kingdom. In order to remove any personal element, when I got back here and became Surgeon General I ordered the officer who had been in Naples away and sent another man to take his place, as I said this morning, who had been on particularly friendly terms with the people while he was stationed in Naples the first time.

Mr. KLECZKA. Based on the short experience that you have had with the detention camp at Danzig, and the supervisory machinery that you have and the examinations that you are making, can you say that that machinery and supervision tended, at least, to prevent persons afflicted with typhus from coming here and bringing the disease to the United States?

Dr. CUMMING. I have been informed by Col. Gilchrist, who is at the camp, that during the course of the detention period, cases both of typhus fever and of cholera have been detected and pulled out, and thereby saved from going on board ship.

Mr. KLECZKA. One more question: This typhus fever, Dr. Cumming, is usually one of the attendant epidemics of war, is it not?

Dr. CUMMING. Following war, famine, and pestilence. I think the Prayer Book, when it spoke of the "pestilence," must have referred to typhus or plague.

Mr. KLECZKA. We have had no outbreaks of typhus in this country in normal times—in peaceful times, have we?

Dr. CUMMING. No extensive outbreaks. There have been occasional cases of mild typhus in Brooklyn, in the crowded quarters, which was known as "Brill's disease." I might say that we constantly maintain a quarantine on the Mexican border on account of typhus in that country.

Mr. KLECZKA. That is all.

The CHAIRMAN. Let me ask you this question: Have you had reports from Dr. Blue and others that lead you to believe that extreme caution is necessary?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. Are you at all alarmed at the situation?

Dr. CUMMING. I do not know that I would use the word "alarmed;" I am very much worried, Mr. Chairman. I think we have to take every precaution we possibly can. The service feels that it has a considerable burden on it to keep disease out of the country, without at the same time interfering with commerce. It would be very easy, if one would simply put a dam across the ports and say, "We are going to stop shipping." But that is not desirable. We appreciate what that would mean; the older officers have seen the shotgun quarantine in the South. But to let commerce keep on and at the same time keep these diseases out of the country is a matter of concern to me, as an older quarantine man.

The CHAIRMAN. Do you expect typhus to spread considerably in central Europe this spring?

Dr. CUMMING. From reports of people who have been there, competent observers, including physicians there, I should say that there is every chance of its spreading in middle Europe—if it is possible for it to spread more than it has already. I have seen villages in Poland where 100 per cent of the people had either died or recovered.

Mr. KLECZKA. When was that—1919?

Dr. CUMMING. In 1919. Since that time there has been a considerable increase. With the Bolshevist invasion last summer, they not only spread typhus, but also cholera, in northeast Poland.

Mr. KLECZKA. And both typhus and cholera are hard to check, are they not?

Dr. CUMMING. Under present conditions they are.

The CHAIRMAN. It is not the desire of this committee to do anything that would indicate alarm, or to act as an alarmist; but I have here a report from the New York Times, dated February 8, which says:

> Following the development of 16 cases of typhus among the passengers of the *President Wilson*, Federal and city health authorities here have asked the Government to set aside Camp Dix, or another near-by army camp, wherein all immigrants would be subjected to a thorough cleansing and delousing.

Has such a request come to the Public Health Service?

Dr. CUMMING. I had a letter just an hour before I came here from the commissioner of health of New York, Dr. Copeland, suggesting that such action be taken; but I have had nothing from the Federal authorities there. Dr. Creel is going up there to-night to look over the situation.

The CHAIRMAN. The article in the Times also says:

The request forwarded to Surg. Gen. Hugh S. Cumming, of the United States Public Health Service, followed a conference attended by Frederick A. Wallis, commissioner of immigration, Dr. Royal S. Copeland, health commissioner, and representatives of the steamship companies.

Dr. Copeland said the country was confronted with a real menace, and declared that unless conditions were improved the health department would forbid the landing of a single alien from Ellis Island within the city limits.

Now, that is the State authorities?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. I notice that Immigration Commissioner Wallis is mentioned in this; it goes on to say:

Commissioner Wallis recognized the defects in the system of medical examination on Ellis Island, and agreed with Dr. Copeland that it was neither thorough nor safe. Recently, in describing the examination to the Allied Patriotic Societies, he said the immigrants passed along a line. One doctor looked them over for general symptoms, another for tuberculosis, and a third for scalp diseases and trachoma.

So that he is mildly criticizing this medical service. Commissioner Wallis does not want to pose as an alarmist; but you will remember that he was the original man who started this hue and cry that we might look for 15,000,000 immigrants.

Dr. CUMMING. I have no desire to criticize Commissioner Wallis; but he is not a medical man. And the man whom we have there is a man of large experience. Dr. Kerr is a man who has handled immigration matters in China and at San Francisco.

The CHAIRMAN. Do you think the public generally would encourage the idea of unloading immigrants here beyond the capacity of the quarantine station to handle, and then taking over an army cantonment for the purpose of holding them in quarantine and delousing them?

Dr. CUMMING. I should not think so.

The CHAIRMAN. The commissioner also proposed that baths be put in for all arrivals at Ellis Island.

Dr. CUMMING. I think that would be an excellent scheme, if they would do it.

The CHAIRMAN. That would be at Federal expense?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. To be paid for out of the head tax, I suppose.

Mr. RAKER. According to the report you have sent me, the Public Health Service certified during the period from July 1 to December 31, 1920, 536 cases of loathsome contagious or dangerous contagious diseases; there were 239 deported; and there were 167 landed; and they must have been landed under the statement as you have given it heretofore.

Dr. CUMMING. Yes, sir; so far as I know.

Dr. CREEL. Here is section 17 of the law, which throws some light on the matter:

Provided, That the decision of a board of special inquiry shall be based upon the certificate of the examining medical officer and, except as provided in section 21 hereof, shall be final as to the rejection of the alien affected with tuberculosis in any form, or with a loathsome or dangerous disease, or any mental or physical disability.

Now, section 21 gives the Secretary of Labor discretionary power, so far as the landing of aliens affected with conditions which might interfere with their inability to earn a living is concerned, but specifically says, "other than tuberculosis in any form or loathsome or dangerous contagious disease."

Mr. RAKER. Now, here are 167, according to this report, who were afflicted with loathsome or dangerous contagious diseases, who were landed. That is under class A–2. Then we find in class A–1, constitutional psycopathic inferiority, chronic alcoholism, idiocy, imbecility, feeble-minded, epilepsy, insanity, tuberculosis, and other mental defects; that there were 112 cases certified, 48 deported, and 50 landed, notwithstanding the rule.

Dr. CREEL. That is, the law which I have just read.

Mr. RAKER. Yes; notwithstanding the law.

The CHAIRMAN. I want to get your opinion as to idiocy. There are seven or eight mental defectives given in this report as being in hospitals. Are they curable?

Dr. CUMMING. No, sir; I think the number of idiots that would be cured by being kept in hospital would be very small.

Mr. VAILE. Does not the definition itself exclude the possibility of their being curable?

Dr. CUMMING. Yes, sir.

Mr. RAKER. The report says that 4 idiots were deported and 6 landed; imbecility, 5 were deported and 16 landed; in insanity, they deported 19 and landed 5, notwithstanding the law; and in tuberculosis they went 50–50; they deported 10 and admitted 10.

Now, for the other classes. I am just giving these figures, as they show that the Public Health Service has not been given the opportunity to protect the public health at all after they have certified the case. Class B consists of cases of disease or defect which affects ability to earn a living. Of certified cases, there were 10,002; they deported 170 and landed 9,799.

Mr. BOX. What is that report that you are reading from?

Mr. RAKER. This is a report from the Surgeon General of the Public Health Service.

The CHAIRMAN. Covering what period of time?

Mr. RAKER. From July 1 to December 31, 1920.

Mr. BOX. It covers all of those diseases?

Mr. RAKER. Yes. I have given the other classes, class A–1 and class A–2; and now I am giving class B diseases or defects which affect ability to earn a living. There were 10,002 of those cases certified by the doctor of the Public Health Service. Out of that entire number, they deported 170, and they landed 9,799, under the method as Dr. Cumming has stated it, in which the Public Health Service has not been called on in the examination or given an opportunity for further hearing when the cases were disposed of.

The CHAIRMAN. Let me ask you this question: Have you had any complaints or protests from your medical officers in charge at Ellis Island about these admissions?

Dr. CUMMING. Is this for the record, Mr. Chairman?

The CHAIRMAN. Well, this is an inquiry to bring out facts——

Dr. CUMMING (interposing). Yes, sir; we have.

The CHAIRMAN. We are not studying a particular bill; we are making an inquiry into this matter, and we would like to hear of any complaints, and will ask you to place them before the committee.

Dr. CUMMING. Yes, sir.

The CHAIRMAN. And I believe we are justified in doing so.

Mr. RAKER. Yes; this is a matter of the public health. I know how Dr. Cumming feels about it; but we want the information, so

that Congress may make the appropriation for the proper enforcement of the law to protect the public health.

I want to read another class, class C, which covers diseases or defects of less degree. During this same period the cases certified were 1,899, the cases deported were 20, and the cases landed were 1,861.

Mr. BOX. I think, Mr. Chairman, that we ought to get at the trouble; and if anybody suffers as a consequence, while we may regret it, we ought to get at the facts. I do not think any of these gentlemen present are responsible for the conditions, and I do not think there department is responsible.

The CHAIRMAN. I think that is correct. This typhus matter, which has aroused the New York newspapers and the State officers to the extent that they have held a meeting and want an army cantonment taken over for quarantine purposes, warrants us in looking into these conditions.

Mr. RAKER. Under the law, as the doctor has read it to us, these are deportable cases; they are dangerous, contagious diseases; and one man in the steerage of a vessel may infect the entire list of passengers. They are turned loose in New York and may go over the whole country. And the question that I want to ask is, why are these people being turned loose when the law says that should not be done? Now, Dr. Cumming, you may answer that if you like.

Dr. CUMMING. I would say, Mr. Chairman, that to my mind, the damage done to the country by the admission of women imbeciles—women, for instance, who are going to bear children—would be much more serious than taking a few cases of typhus fever, though it is less sensational.

Mr. RAKER. How about an imbecile man?

Dr. CUMMING. I would say the same thing about him.

Mr. VAILE. It is especially true of women, however, because the number of children depends on the number of mothers, and not on the number of fathers.

Mr. RAKER. Well, what I mean is that, from a medical standpoint, the imbecile or idiotic father, even with a healthy, normal mother, might not produce a like child as if you reversed the parentage. That is correct, is it not?

Dr. CUMMING. Yes, sir.

The CHAIRMAN. Here are the figures as to the mentally defective, people by nationalities, including idiocy, imbecility, and feeble-minded:

British: Certified, 8; admitted, 3; deported, 4; in hospital, 1.
Bulgarian: Certified, 1; in hospital, 1.
French: Certified, 1; deported, 1.
Greek: Certified, 2; admitted, 1; deported, 1.
Hebrew: Certified, 32; admitted, 22; deported, 1; in hospital, 9.
Irish: Certified, 1; in hospital, 1.
Italian: Certified, 8; deported, 7; in hospital, 1.
Latin-American: Certified, 2; admitted, 2.
Russian: Certified, 1; admitted, 1.
Slavic: Certified, 1; admitted, 1.

That is a total of 57 certified, 30 admitted, 14 deported, and 13 in hospital.

Now, we want to get those names and run them down wherever we can find the records.

Dr. CUMMING. They will be in the records at Ellis Island.

Dr. CREEL. Or in the Commissioner of Immigration's office.

The CHAIRMAN. Has the Public Health Service ever attempted to run down cases after they have certified them?

Dr. CUMMING. I have, as a matter of scientific interest, detailed an officer skilled in scientific investigation to look after some of these cases very recently.

The CHAIRMAN. Can you give us the name of that officer?

Dr. CUMMING. Yes; Dr. Weldon.

The CHAIRMAN. Where is he stationed?

Dr. CUMMING. He is stationed here. He is detailed with Judge Sellers' court, as adviser in juvenile delinquency at present.

The CHAIRMAN. Has he made any report?

Dr. CUMMING. No complete report. It will take some time.

Dr. CREEL. He has had considerable difficulty in locating some of these immigrants; the addresses given by the immigration authorities he would find were not correct; the immigrants were not there. He has made a progress report, however, of a few cases.

Mr. RAKER. What class of cases was it where you read of about 40 that were certified, and they practically all got in?

The CHAIRMAN. Those were the mental defectives. The largest number was the Hebrews, 32 certified; 22 admitted; 1 deported, and 9 in hospital. In venereal diseases, the largest number of certified were from Italy and Spain.

Mr. RAKER. What hospitals did those immigrants go to?

Dr. CUMMING. They are normally treated at the hospital on Ellis Island, which is conducted by the Public Health Service.

Mr. RAKER. But the ones that were landed—they are out for good, are they not?

Dr. CUMMING. They are beyond our jurisdiction; yes, sir.

Mr. RAKER. I would like to have inserted in the record Dr. Cumming's letter to me of January 20, 1921, together with the "Report of medical inspection of aliens" for the six months ending December 31, 1920, inclosed therein, from which I have been reading.

(The letter and report referred to are as follows:)

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, January 20, 1921.

Hon. JOHN E. RAKER,
House of Representatives, Washington, D. C.

DEAR JUDGE RAKER: In response to your letter of January 14, I am inclosing herewith a condensed statement on Form 1972, containing data as to the medical inspection of aliens at New York for the period July to December, inclusive. In the regular monthly report as submitted by the chief medical officer the diseases or defects for which certificate was rendered under class A-1, class A-2, and class B and class C, are enumerated in detail. In this condensed table I have omitted a detailed statement as to the diseases or defects under class B and class C, presuming that this data you are not particularly concerned about, and therefore have given you merely the total of class B and class C under the caption "Summary of disposition of certified alien passengers." You will note that under this latter caption is entered only the figures relating to passengers and does not include seamen. In the column appearing on the left-hand side of the face of the report and headed "Alien seamen certified for disease or defect," will appeard at a bearing on this group. The chief medical officer at Ellis Island does not attempt to render any statistics as to the action taken by the immigration authorities on certified alien seamen. It may be stated, however, that it is the general practice of the immigration authorities to require the hospitalization of diseased alien seamen while the vessel is in port in some instances, and in others the diseased sailor is prohibited from coming ashore.

I trust that the inclosed report will contain all information that you desire, but if not the bureau will be pleased to furnish such additional data as you desire. It may be added that class A-1 and class A-2 are diseases included in section 3 of the act of

February 5, 1917, and more specifically referred to in section 17 as being mandatorially deportable. These are defects grouped under class B—those that affect the ability to earn a living—and necessarily the immigration authorities have to give consideration to other factors than the purely physical conditions of the emigrant.

Respectfully.

H. S. CUMMING, *Surgeon General*,

REPORT OF MEDICAL INSPECTION OF ALIENS—UNITED STATES PUBLIC HEALTH SERVICE.

Report of aliens inspected at the port of New York, N. Y. (Ellis Island), during the month of July through to December, 1920.

Total number inspected:
- Alien passengers..... 388,457
- Alien seamen..... 210,544

Total number certified:
- Alien passengers..... 12,539
- Alien seamen..... 247

SUMMARY OF DISPOSITION OF CERTIFIED ALIEN PASSENGERS.

Class A (I) (constitutional psychopathic inferiority, chronic alcoholism, idiocy, imbecility, feeble-minded, epilepsy, insanity, tuberculosis, and other mental defects):
- Cases certified during month. 112
- Cases deported..... 48
- Cases landed..... 50

Class A (II) (loathsome contagious or dangerous contagious disease):
- Cases certified during month. 536
- Cases deported..... 239
- Cases landed..... 167

Class B (disease or defect which affects ability to earn a living):
- Cases certified during month. 10,002
- Cases deported..... 170
- Cases landed..... 9,799

Class C (disease or defect of less degree):
- Cases certified during month. 1,889
- Cases deported..... 20
- Cases landed..... 1 861

Disease or defect certified.	Alien seamen certified for disease or defect.	Disposition of certified alien passengers.		
		Certified during month.	As per reports by immigration officials.	
			Deported.	Landed.
Class A-I.				
Constitutional psychopathic inferiority		2	2	1
Feeble-minded	1	23	6	11
Epilepsy		3	2	1
Idiocy		10	4	6
Imbecility		23	5	16
Insanity	2	26	19	5
Mental defect		1		
Tuberculosis	1	24	10	10
Total	4	112	48	50
Class A-II.				
Chancroid	70	25	22	4
Favus		73	8	16
Framboesia		1	1	
Gonorrhea	113	73	50	28
Leprosy		1	1	
Syphilis	51	31	27	
Trachoma	1	188	95	37
Trichophytosis:				
Barbae		21	12	12
Face		1	1	
Tonsurans		29	4	2
Trunk				1
Unguium		92	18	67
Total	215	536	239	167
Total classes A-I and A-II	239	648	287	217

Mr. RAKER (continuing). What effect do you find this turning of so many immigrants loose who have been certified by your department has upon the morale of the Public Health Service?

Dr. CUMMING. It is bad—discouraging.

The CHAIRMAN. Your doctors, I take it, must know, as a result of their studies and examinations, that it is dangerous to the people of the United States to turn these people loose?

Dr. CUMMING. I think so, sir; I think they are thoughtful men.

Mr. RAKER. One other question: This large number has been detected by your corps of medical officers at Ellis Island, notwithstanding the fact that during the large rush for the last year, in many instances, you have only had one medical examiner to pass on the applicants as they pass in?

Dr. CREEL. Those that come along the line for primary and secondary inspection are examined by more than one examiner. But in numerous instances on board ship, there has been only one medical examiner.

Mr. BAKER. When we were in New York we went on two ships, and on one in particular they just had one medical officer. Is that not correct, Mr. Box?

Mr. BOX. Yes. Is it not the case that in the examinations made on board ship there are very rarely more than one?

Dr. CREEL. I do not know to what extent; there is frequently only one.

Dr. CUMMING. Particularly in the examination of crews on board ship.

May I say in this connection, Mr. Chairman, that we have been trying to get additional medical officers. We need additional officers very much for this work, as well as for the other work of the Public Health Service. And I was very sorry to see that the request that we made for additional officers went out on a point of order day before yesterday. It is very difficult to get the type of medical man who is competent and honest, to do this work, unless he is a regular officer of the Government and engaged in his life work, and feels that he is part of the Government, and not simply a "hire-and-fire" proposition. I think that is most important.

Mr. BOX. You have not a sufficient number?

Dr. CUMMING. Of medical officers?

Mr. BOX. Yes.

Dr. CUMMING. We have not, sir.

The CHAIRMAN. I think the Members of the House of Representatives have become discouraged at the result of its efforts to check the admission of undesirable immigrants and to cause the deportation of aliens of radical tendencies. It is a slow process. A year or so ago the Immigration Service requested an appropriation for deportation purposes, and through the Appropriations Committee Congress gave them an appropriation of $1,000,000 for that work—and I am told that the bulk of that $1,000,000 has been spent for about everything except the deportation of radical aliens. I think the House Committee on Expenditures in the Labor Department should ascertain just how that great sum was spent. I think that committee should ask if the Labor Department is now trying to use some of that money, or some of the lump-sum appropriation, to send the resigned solicitor of the Immigration Service to an immigration convention to be held

at some time in the future at Geneva, proposing to pay him $50 a day and his expenses, and his clerk $18 or $20 a day and expenses, to make some kind of a report as to an agreement with other countries as to immigration. As he will be out of the department when he gets back, I do not know to whom he will make his report, or of what value it will be.

Mr. BOX. Who is sending him?

The CHAIRMAN. He is appointed by the President. The law authorizes the appointment. It authorizes the appointment of a delegate by and with the advice and consent of the Senate; but he has not been confirmed, so far as I know.

Mr. BOX. But the act authorizes the appointment of such a delegate?

The CHAIRMAN. Yes; provided the President of the United States calls the convention, which has not been done, I understand.

Mr. RAKER. But notwithstanding these arrangements, Congress has the power to stop these cases of dangerous contagious diseases, such as typhus, from coming into this country without waiting for any such arrangement. Am I not right about that?

The CHAIRMAN. Yes; under the quarantine law.

Mr. RAKER. One other question: These patients that you certify, Dr. Cumming, there is no record kept there so as to enable you to identify them? They just make out a little slip and write their names on it, and when there are a large number of immigrants the authorities have to take the names as they give them. That is correct, is it not?

Dr. CUMMING. I am not familiar with the present procedure. would like for you to ask the medical officer at New York, Dr. Kerr, when he comes down, if you do not mind.

The CHAIRMAN. All right. We are very much obliged to you, Dr. Cumming.

(Thereupon, at 3.50 p. m., the committee proceeded to the consideration of executive business, after which it adjourned.)

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